

FEDERAL REGISTER

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TITLE 29—LABOR

Chapter V—Wage and Hour Division, Department of Labor

PART 661—BANKING, INSURANCE AND FINANCE INDUSTRY IN PUERTO RICO

WAGE ORDER GIVING EFFECT TO RECOMMENDATIONS

On October 19, 1956, pursuant to section 5 of the Fair Labor Standards Act of 1938 (52 Stat. 1060, as amended; 29 U. S. C. 201 et seq.), the Secretary of Labor by Administrative Order No. 470 (21 F. R. 8068) appointed, convened, and gave notice of the hearing of Industry Committee No. 26-A for the Banking, Insurance and Finance Industry in Puerto Rico. The committee was directed to recommend the minimum rate or rates to be paid under section 6 (c) of the act to employees in this industry who are engaged in commerce or in the production of goods for commerce.

Subsequent to an investigation and hearing, conducted pursuant to the notice, the committee filed with the Administrator a report containing its findings of fact and recommendations with respect to the matters referred to it. Accordingly, as authorized and required by section 8 of the act and General Order No. 45-A of the Secretary (15 F. R. 3290), (1) the recommendations of the committee are hereby published in the following amendments to the Code of Federal Regulations, and (2) effective December 30, 1956, Part 661 of Title 29, Code of Federal Regulations, is hereby amended to read as follows:

- Sec.
661.1 Definition of the industry.
661.2 Wage rates.
661.3 Notices.

AUTHORITY: §§ 661.1 to 661.3 issued under sec. 8, 52 Stat. 1064, as amended; 29 U. S. C. 208. Interpret or apply sec. 5, 52 Stat. 1064, as amended; 29 U. S. C. 203.

§ 661.1 Definition of the industry. The banking, insurance and finance industry in Puerto Rico to which this part shall apply as defined as follows: The business, whether or not for profit, carried on by any banking, insurance, or other financial institution or enterprise.

§ 661.2 Wage rates. Wages at a rate of not less than \$1.00 an hour shall be paid under section 6 of the Fair Labor Standards Act of 1938 by every employer

to each of his employees in the banking, insurance and finance industry in Puerto Rico who is engaged in commerce or in the production of goods for commerce.

§ 661.3 Notices. Every employer subject to the provisions of § 661.2 shall post in a conspicuous place in each department of his establishment where employees subject to the provisions of § 661.2 are working such notices of this order as shall be prescribed from time to time by the Administrator of the Wage and Hour Division of the United States Department of Labor and shall give such other notice as the Administrator may prescribe.

Signed at Washington, D. C., this 11th day of December 1956.

CLARENCE T. LUNDQUIST,
Acting Administrator.

[F. R. Doc. 56-10235; Filed, Dec. 13, 1956;
8:48 a. m.]

TITLE 30—MINERAL RESOURCES

Chapter I—Bureau of Mines, Department of the Interior

Subchapter I—Interpretations

PART 45—TITLE II, FEDERAL COAL MINE SAFETY ACT OF 1952

NONAPPLICABILITY OF CERTAIN MINES

Part 45, Title 30, Code of Federal Regulations, is amended to include the following new sections:

§ 45.5 Statutory provisions (sec. 201 (b)).

This title shall not apply to any mine in which no more than fourteen individuals are regularly employed underground.

§ 45.5-1 Periodic employment. An individual periodically employed underground in each of two or more mines is regularly employed underground in each mine, and is to be counted in determining whether each mine is one "in which no more than fourteen individuals are regularly employed underground," within the meaning of section 201 (b). For example, a mine foreman serving several mines but going underground in each only once a week is to be considered as "regularly employed underground" in each mine.

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FEDERAL REGISTER

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§ 45.5-2 *Multiple shifts.* All individuals regularly employed underground on any shift in a 24-hour period are to be counted in determining whether more than fourteen individuals are "regularly employed underground" within the meaning of section 201 (b). For example, if a mine regularly employs five men underground on each of three shifts, it is a mine in which more than fourteen individuals are "regularly employed underground".

§ 45.5-3 *Time of count.* The number of individuals regularly employed underground in any mine at the time of a regular inspection thereof determines whether that mine is subject to Title II of the act for the purposes of that inspection and any notices or orders resulting therefrom. Once a finding, notice, or order is made pursuant to Title II of the act, subsequent reduction in the number of individuals regularly employed underground to less than 15 does not relieve the operator from the necessity of compliance with such notice or order. As long as the number so employed remains at less than 15, that mine will not be subject to any inspection pursuant to Title II of the act except special inspections necessary to determine compliance with any notice or order theretofore made.

(66 Stat. 692-710; 30 U. S. C. 471-483)

MARLING J. ANKENY,
Director,
U. S. Bureau of Mines.

[F. R. Doc. 56-10220; Filed, Dec. 13, 1956;
8:45 a. m.]

TITLE 26—INTERNAL REVENUE

Chapter I—Internal Revenue Service, Department of the Treasury
Subchapter A—Income and Excess Profits Taxes
[T. D. 6218; Regs. 111, 118]
PART 29—INCOME TAX; TAXABLE YEARS BEGINNING AFTER DECEMBER 31, 1941
PART 39—INCOME TAX; TAXABLE YEARS BEGINNING AFTER DECEMBER 31, 1951
ALLOWANCE OF A PERSONAL EXEMPTION WITH RESPECT TO CERTAIN DEPENDENTS IN REPUBLIC OF THE PHILIPPINES
In order to conform Regulations 118 (26 CFR (1939) Part 39) and Regula-

TITLE 14—CIVIL AVIATION

Chapter II—Civil Aeronautics Administration, Department of Commerce

(Amtd. 227)

PART 609—STANDARD INSTRUMENT APPROACH PROCEDURES

PROCEDURE ALTERATIONS

The standard instrument approach procedure alterations appearing herein after are adopted to become effective when indicated in order to promote safety. Compliance with the notice, procedures, and effective date provisions of section 4 of the Administrative Procedure Act would be impracticable and contrary to the public interest, and therefore is not required.

Part 609 is amended as follows:

NOTE: Where the general classification (LFR, VAR, ADF, ILS, RADAR, or VOR), location, and procedure number (if any) of any procedure in the amendments which follow, are identical with an existing procedure, that procedure is to be substituted for the existing one, as of the effective date given, to the extent that it differs from the existing procedure; where a procedure is cancelled, the existing procedure is revoked; new procedures are to be placed in appropriate alphabetical sequence within the section amended.

1. The low frequency range procedures prescribed in § 609.6 are amended to read in part:

proved October 1, 1954, is further amended by inserting after the fourteenth sentence of the first unnumbered subdivision thereof the following new sentences: "For taxable years beginning after December 31, 1946, a resident of the Republic of the Philippines who was born to or legally adopted by the taxpayer in the Philippine Islands, at a time when the taxpayer was a member of the Armed Forces of the United States, may also be claimed as a dependent if such resident otherwise qualifies as a dependent." For definition of "Armed Forces of the United States", see § 29.3797-11."

Because this Treasury decision merely conforms the regulations to Public Law 333, 84th Cong., it is found that it is unnecessary to issue this Treasury decision with notice and public procedure thereon under section 4 (a) of the Administrative Procedure Act, approved June 11, 1946, or subject to the effective date limitation of section 4 (c) of said act.

(53 Stat. 32, 467; 26 U. S. C. 62, 3791)

[SEAL] RUSSELL C. HARRINGTON,
Commissioner of Internal Revenue.
Approved: December 7, 1956.

W. RANDOLPH BURGESS,
Acting Secretary of the Treasury.

[P. R. Doc. 56-10904; Filed, Dec. 12, 1956; 8:48 a. m.]

the taxpayer was a member of the Armed Forces of the United States, may also be claimed as a dependent if such resident otherwise qualifies as a dependent. For definition of "Armed Forces of the United States", see § 39.3797-11."

Regulations 111:

PAR. 3. There is inserted immediately preceding § 29.25-1 the following:

PUBLIC LAW 333, 84TH CONGRESS, APPROVED AUGUST 9, 1955

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section 25 (b) (3) of the Internal Revenue Code of 1939 (defining the term "dependent") is hereby amended by inserting after the fourth sentence thereof the following new sentence: "For taxable years beginning after December 31, 1946, the preceding sentence shall not exclude from the definition of 'dependent' any child of the taxpayer born to him, or legally adopted by him, in the Philippine Islands, if (i) the child is a resident of the Republic of the Philippines, and (ii) the taxpayer was a member of the Armed Forces of the United States at the time the child was born to him or legally adopted by him."

Sec. 3. (a) The amendment made by the first section of this Act shall apply with respect to taxable years beginning after December 31, 1946, to which the Internal Revenue Code of 1939 applies.

PAR. 4. Section 29.25-3 (d) (5), as amended by Treasury Decision 6105, ap-

tions 111 (26 CFR (1939) Part 29), relating to income taxes, to the provisions of Public Law 333, 84th Congress, approved August 9, 1955, such regulations are hereby amended as follows:

Regulations 118:

PARAGRAPH 1. Section 39.25 is amended as follows:

(A) By inserting after the fourth sentence of section 25 (b) (3) the following statutory provision: "For taxable years beginning after December 31, 1946, the preceding sentence shall not exclude from the definition of 'dependent' any child of the taxpayer born to him, or legally adopted by him, in the Philippine Islands, if (i) the child is a resident of the Republic of the Philippines, and (ii) the taxpayer was a member of the Armed Forces of the United States at the time the child was born to him or legally adopted by him."

(B) By inserting in the historical note immediately after "sec. 3, Pub. Law 213 (83d Cong.)" the following: "; sec. 1, Pub. Law 333 (84th Cong.)."

PAR. 2. Section 39.25-2 (e) (1), as amended by Treasury Decision 6105, approved October 1, 1954, is further amended by inserting after the fourteenth sentence thereof the following new sentences: "A resident of the Republic of the Philippines who was born to or legally adopted by the taxpayer in the Philippine Islands, at a time when

Beatings, headings, and courses are magnetic. Distances are in nautical miles unless otherwise indicated, except visibilities which are in statute miles. Elevations and altitudes are in feet, MSL. Ceilings are in feet above airport elevation. If an LFR instrument approach is conducted at the below named airport, it shall be in accordance with the following instrument approach procedure, unless an approach is conducted in accordance with a different procedure for such airport authorized by the Administrator of Civil Aeronautics. Initial approaches shall be made over specified routes. Minimum altitude(s) shall correspond with those established for en route operation in the particular area or as set forth below.

City and State; airport name; elevation; facility; class and identification; procedure No.; effective date	Initial approach to facility from—	Course and distance	Minimum altitude (ft.)	Procedure turn (—) side of final approach course (outbound and inbound); altitudes; limiting distances	Minimum altitude over facility on final approach course (ft.)	Course and distance, facility to airport	Ceiling and visibility minimums				If visual contact not established at authorized minimums after passing facility within distance specified, or if landing not accomplished
							Condition	2 engines or less		More than 2 engines	
								65 knots or less	More than 65 knots		
1	2	3	4	5	6	7	8	9	10	11	12
FRESCOTT, ARIZ. Municipal, 5,047 SBRZ-DTV-FBC. Procedure No. 1. Amendment No. 4. Effective date: January 12, 1957. Supersedes Amendment 3, dated June 4, 1955. Major changes: Increase more than 2 engine take-off minimums.	Frescott VOR.....	084-1.5	7,000	E side of NW course: 820' outbound, 140' inbound, 7,000' within 10 miles.	4,300	132-4.5	T-4m C-4m A-4m	800-2 1,000-2 1,000-2	800-2 1,000-2 1,000-2	800-2 1,500-2 1,500-2	Within 2 miles, turn left, climb to 8,000' on NW course within 20 miles.

3. The instrument landing system procedures prescribed in § 609.11 are amended to read in part:

ILS STANDARD INSTRUMENT APPROACH PROCEDURE

Headings, bearings, and courses are magnetic. Distances are in nautical miles unless otherwise indicated, except visibilities which are in statute miles. Elevations and altitudes are in feet. MSL. Ceilings are in feet above airport elevation. If an ILS instrument approach is authorized at the below named airport, it shall be in accordance with the following instrument approach procedure, unless an approach is conducted in accordance with a different procedure for such airport authorized by the Administrator of Civil Aeronautics. Initial approaches shall be made over specified routes. Minimum altitudes shall correspond with those established for en route operations in the particular area or as set forth below:

City and State; airport name, elevation, facility, class and identification; procedure No., effective date	Transition to ILS				Procedure turn (—) side of final approach course (outbound and inbound); altitudes; limiting distances	Minimum altitude at glide slope intersection (ft.)	Altitude of glide slope and distance to approach end of runway at—		Ceiling and visibility minimums			If visual contact not established upon descent to authorized landing minimums or if landing not accomplished—	
	From—	To—	Course and distance	Minimum altitudes (ft.)			Outer marker	Middle marker	Coordination	2 engines or less			More than 2 engines; more than 45 knots
										45 knots or less	More than 45 knots		
1	2	3	4	5	6	7	8	9	10	11	12	13	14
GREENSBORO, N. C. Greensboro-High Point Municipal, 813'. ILS-IGSO, LOM-GS. Combination ILS and ADF. Procedure No. 1, Amendment No. 4, Effective date: January 12, 1957. Supersedes Amendment No. 3, March 17, 1956. Major changes: Changes altitudes over markers. Adds Thomas Intersection. Replaces procedure turn altitude.	Greensboro LFR.....	LOM.....	299-5.3	2,000	N side of NW course: 318° outbound, 138° inbound, 2,400' within 10 miles.	ILS 2,400. ADF 1,800 over LOM.	2,335-4.2	1,140-0.5	T-2m C-2m	300-1 400-1	300-1 500-1	300-1 500-1	Climb to 2,300' on SE course ILS or 138° track from LOM within 20 miles. When cleared by ATIS to turn left, climb to 2,300' on NE course LFR within 30 miles. No approach lights. *99% required when glide slope not utilized. **All installed components of the ILS must be operating, otherwise alternate minima of 800-2 apply.
	Winston-Salem LFR.....	LOM.....	608-8.9	2,300					S-2m 14	300-1/4	300-1/4	300-1/4	
	Wallburg Intersection.....	LOM.....	089-10.1	2,300					ADF	400-1	400-1	400-1	
	Greensboro VOR.....	LOM.....	347-6.3	2,200					A-2m **ILS	400-2	600-2	600-2	
	Thomas Intersection.....	LOM.....	042-12	2,300					ADF	800-2	800-2	800-2	

These procedures shall become effective on the dates indicated on the procedures.

(Sec. 205, 52 Stat. 984, as amended; 49 U. S. C. 425. Interpret or apply sec. 601, 52 Stat. 1007, as amended; 49 U. S. C. 531)

[SEAL] JAMES T. PYLE,
Acting Administrator,
of Civil Aeronautics.

[F. R. Doc. 56-10236; Filed, Dec. 13, 1956; 8:48 a. m.]

TITLE 32—NATIONAL DEFENSE

Chapter V—Department of the Army

Subchapter F—Personnel

PART 577—MEDICAL AND DENTAL ATTENDANCE

DEPENDENTS' MEDICAL CARE

1. Sections 577.60 to 577.70 are hereby prescribed to read as follows:

Sec. 577.60 Purpose and scope.
577.61 References.

retired members of the uniformed services and dependents of persons who died while a member or retired member of the uniformed services under the Dependents' Medical Care Act and is applicable to the uniformed services. They are to be used in conjunction with §§ 577.80-577.93.

§ 577.61 References.—(a) *The Dependents' Medical Care Act*. See Public Law 569, 84th Congress (70 Stat. 250). (b) *Fiscal policies; dependents' medical care*. See §§ 577.80-577.93.

§ 577.62 Definition of terms used in §§ 577.60-577.70. (a) "Uniformed services" means the Army, the Navy, the Air Force, the Marine Corps, the Coast Guard, the Commissioned Corps of the Coast and Geodetic Survey, and the Commissioned Corps of the Public Health Service.

(b) "Member of a uniformed service" means a person appointed, enlisted, inducted, called, or ordered, or conscripted in a uniformed service who is serving on active duty or active duty training pur-

suant to call or order that does not specify a period of 30 days or less.

(c) "Retired member of a uniformed service" means a member or former member of a uniformed service who is entitled to retired, retirement, or retainer or equivalent pay as a result of service in a uniformed service, other than a member or former member entitled to retired or retirement pay under Title 10, United States Code, sections 1331-1337 (formerly Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948) who has served less than 8 years on full-time duty in the active military service, other than active duty for training.

(d) "Dependent" means any person who bears to a member or retired member of a uniformed service, or to a person who died while a member or retired member of a uniformed service, any of the following relationships:

- (1) The lawful wife;
- (2) The unmarried widow;
- (3) The lawful husband, if he is in fact dependent on the member or retired member for over one-half of his support;

(4) The unremarried widower, if he was in fact dependent upon the member or retired member at the time of her death for over one-half of his support because of a mental or physical incapacity;

(5) An unmarried legitimate child (including an adopted child or stepchild), if such child has not passed his 21st birthday;

(6) A parent or parent-in-law, if the said parent or parent-in-law is, or was at the time of the member's or retired member's death, in fact dependent on the said member or retired member for over one-half of his support and is, or was at the time of the member's or retired member's death, actually residing in the household of the said member or retired member; or

(7) An unmarried legitimate child (including an adopted child or stepchild) who:

(i) Has passed his 21st birthday, if the child is incapable of self-support because of a mental or physical incapacity that existed prior to his reaching the age of 21 and is, or was at the time of the member's or retired member's death, in fact dependent on him for over one-half of his support, or

(ii) Has not passed his 23d birthday and is enrolled in a full-time course of study in an institution of higher learning as approved by the Secretary of Defense or Secretary of Health, Education, and Welfare, and is, or was at the time of the member's or retired member's death, in fact dependent on him for over one-half of his support. The institutions which are approved as accredited are those currently listed by the regional accrediting associations or national professional associations by the U. S. Office of Education, Department of Health, Education, and Welfare. The current reference list is "Education Directory 1955-56, Part 3, Higher Education," for sale at a cost of \$0.50 per copy, by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. For determination as to accreditation of a foreign institution of higher learning, a statement may be obtained by the member from the Office of Education, Department of Health, Education, and Welfare, Washington 25, D. C.

(c) "Dependents eligible for civilian medical care" means the lawful wife or the dependent lawful husband (spouses) and children who are dependents of members of the uniformed services, hereinafter referred to as "spouses and children."

(f) "Secretary of a uniformed service" means the Secretary of the Army, Navy (for the Navy and Marine Corps), or Air Force, or for the other uniformed services (Coast Guard, Public Health Service, Coast and Geodetic Survey), the Secretary of Health, Education, and Welfare.

(g) "Continental United States" means the 48 States and the District of Columbia.

(h) "Executive agent" means the Secretary of the Army who acts for the uniformed services in negotiating and administering contracts for medical (physicians) and hospital services under the policy guidance of the Department of

Defense within the continental United States, Alaska, Hawaii, and Puerto Rico.

(i) "Contractor" means the legal entity with which the Government enters into a contract for the purpose of implementing the Dependents' Medical Care Act, such as a State society, an insurance company, Blue Shield, or Blue Cross.

(j) "Local schedule of allowances" means the professional fee schedule for payment of physicians' services applicable to a local area. In the continental United States, Alaska, Hawaii, and Puerto Rico, the schedule of allowances is that schedule negotiated with the physicians' representatives and approved by the executive agent for the Department of Defense and the Department of Health, Education, and Welfare. Where such a schedule of allowances has not been negotiated and approved, the executive agent may provide a schedule of allowances for use in payment for physicians' services. Where the term "local schedule of allowances" is utilized in §§ 577.60-577.70, and no schedule is in existence, particularly in overseas areas, the standard charge for service rendered by physicians in the locality concerned will be used as a guide in lieu of such schedule.

(k) *Miscellaneous medical and technical terminology.* (1) "Diagnosis" means a determination of the existence and nature, or absence, of disease or injury by history with physical and mental findings, including physical examinations and the utilization of medically accepted diagnostic procedures, e. g., laboratory tests and pathology and radiological examinations.

(2) "Outpatient care" means the medical services which are normally performed in the home, a physician's office, or the outpatient department of a hospital, clinic, or dispensary.

(3) "Maternity and infant care" means the medical and surgical care for the mother incident to pregnancy, including prenatal care, delivery, postnatal care, care of the infant, and treatment of complications of pregnancy. An infant 60 days of age or under is entitled to newborn infant care from civilian sources other than as an inpatient in a hospital, in accordance with § 577.69 (d) (4) (ii) (c).

(4) "Domestic care" means the care which is normally given in a nursing home, convalescent home, or similar institution to a patient who requires personal care rather than active and definitive treatment in a hospital for an acute medical or surgical condition. It includes but is not limited to nursing care required as a result of old age or chronic disease.

(5) "Elective medical and surgical treatment" means the medical or surgical care that is desired or requested by the patient which, in the opinion of cognizant medical authority, is not medically indicated, e. g., surgery solely for cosmetic purposes.

(6) "Chronic disease" shall be construed to include nonacute conditions and disabilities in which the prognosis indicates long continued duration of the ailment. This term shall include but is not necessarily limited to arthritis, de-

generative diseases of the cardiovascular system, residuals of poliomyelitis and other degenerative diseases of the nervous system, severe injuries to the nervous system including quadriplegia, hemiplegia, and paraplegia, and blindness or deafness requiring definitive rehabilitation. This shall not preclude admission for the treatment of acute exacerbations or complications of such chronic diseases wherein active and definitive medical or surgical treatment is required, such as tendon transplant in cases of disability residuals of poliomyelitis, diabetic acidosis, or cardiac decompensation in chronic rheumatic fever.

(7) "Nervous and mental disorders" means those conditions classified as neuroses, psychoneuroses, psychopathies, or psychoses.

(8) "Dental care as a necessary adjunct to medical or surgical treatment" means that dental care which is determined by the cognizant physician and dentist to be required for the proper treatment of a medical or surgical condition. This term includes but is not limited to treatment of fractures of the jaw and the application of appliances necessary to reduce and immobilize such fractures.

§ 577.63 *Administration.* (a) The Secretary of Defense has jurisdiction over the Army, Navy, Air Force, Marine Corps, and the Coast Guard when operating as a service with the Navy.

(b) The Secretary of Health, Education, and Welfare has jurisdiction over the Public Health Service and for medical care purposes over the Coast and Geodetic Survey, and the Coast Guard when not in service with the Navy.

§ 577.64 *Determination of dependents' eligibility.* (a) The uniformed services will require dependents (or their sponsors) who request identification for medical care to furnish proof of their eligibility for such care.

(b) Each uniformed service will, by separate directive, prescribe and utilize the following forms as soon as practicable with full implementation to be completed by 30 June 1957:

(1) DD Form 1171 (Application for Dependents Authorization for Medical Care Card by Active Duty or Retired Member).

(2) DD Form 1172 (Application for Dependents Authorization for Medical Care Card (By Survivor of Deceased Member of Uniformed Services or Agent Acting on Their Behalf)).

(3) DD Form 1173 (Dependents Authorization for Medical Care).

§ 577.65 *Identification for admission to medical treatment facilities.* Eligible dependents requesting care at either uniformed services medical facilities or in civilian medical facilities shall be required to show satisfactory identification to the cognizant medical authority or his designee.

(a) Prior to 1 July 1957, any of the following means of identification is acceptable for this purpose:

(1) Dependent's Identification Card (DD Form 720).

(2) Privilege Identification Card (DA Form 999).

(3) Dependent's Identification Card for Medical Care (Nav Pers Form 1343).

(4) Application to U. S. Public Health Service for Treatment of Coast and Geodetic Survey Dependents (CGS Form 832).

(5) Application to U. S. Public Health Service for Treatment of Coast Guard Personnel (Form CG-2533 or CG-2534).

(6) Dependents Authorization for Medical Care (DD Form 1173).

(b) On and after 1 July 1957, the Dependents Authorization for Medical Care (DD Form 1173) shall be the primary means of identification.

(c) In circumstances when none of the above means of identification is available, civilian medical facilities may accept execution of DA Form 1863 (Statement of Services Provided by Civilian Medical Sources) and uniformed services medical facilities may accept a statement obtained from the dependent, parent, sponsor, or guardian.

(d) Uniformed services medical facilities may prescribe such additional local verification procedures as are deemed necessary; however, the procedure employed shall not complicate, delay, or preclude the treatment of an eligible dependent nor discriminate against the dependents of members or retired members of other uniformed services.

§ 577.66 *Determination of sources from which eligible dependents receive medical care.*—(a) *Among uniformed services facilities.* Normally, a dependent requesting care at a uniformed service medical facility will be expected to use the facilities servicing the area in which the dependent resides. Exception to this policy may be authorized, subject to local regulations, to permit utilization by the dependent of the facilities of the sponsor's own service. In areas where medical facilities of two or more of the uniformed services are available, the appropriate officials of each service, with due consideration for the relative size and capacities of the facilities, shall jointly prescribe areas of medical responsibility. Delineation of such areas shall include a zone in which dependents are permitted to use either the facility of the sponsor's own service or the facility which has medical responsibility for the area in which the dependent resides.

(b) *Between civilian medical facilities and uniformed services medical facilities.* Spouses and children, as defined in § 577.62 (e), are the only dependents authorized care in civilian medical facilities at Government expense.

(1) *Within the continental United States, Alaska, Hawaii, and Puerto Rico.* (i) Spouses and children who are not residing with their sponsors shall have free choice between uniformed services medical facilities and civilian medical facilities.

(ii) Outpatient medical care at Government expense for spouses and children is not authorized from civilian sources except that certain specified treatment for such dependents who are not hospitalized will be authorized, when in accordance with § 577.69.

(iii) Spouses and children who reside with their sponsors shall have free choice between uniformed services medical facilities and civilian medical facilities except that the secretary of a uniformed service, with the approval of the Secretary of Defense or Secretary of Health, Education, and Welfare, as appropriate, may require such dependents in a prescribed area to seek medical care in a uniformed service medical facility if he finds that:

(a) The uniformed service medical facility is adequate to care for the dependents of the active and retired members assigned to that area, and

(b) The use of civilian medical facilities by the dependents in that area has affected adversely the optimum economic utilization of the uniformed services medical facility.

(iv) Spouses and children are considered to be residing with their sponsor if they reside in the household of the sponsor in the area of his permanent duty station, or the home port or home yard of a ship, even though the sponsor may be temporarily away, by reason of temporary duty with his unit or ship, from the permanent duty station or home port or home yard respectively, or by reason of the sponsor's absence on individual temporary duty or temporary additional duty orders. However, should the dependent leave the area of the sponsor's household on a trip, the spouses and children shall have free choice between civilian and uniformed services medical facilities during the period of such absence.

(v) Where local conditions indicate that restrictions on free choice are required, authorization for imposing restrictions shall be requested by the commander or the officer in charge of the uniformed service medical facility, or higher authority, from the secretary of the uniformed service concerned who shall, when desiring a restriction, forward the request to the Secretary of Defense or the Secretary of Health, Education, and Welfare, as appropriate, through normal command channels. The area of restriction shall be defined in the request for approval. When the restrictions are no longer required the initiating authority will forward recommendation for removal of restrictions in the manner indicated above.

(vi) It shall be the responsibility of the Surgeon General of the uniformed service concerned to provide the executive agent with the name and location of each medical facility where a restriction is imposed or removed including pertinent detailed information.

(2) *In areas other than the continental United States, Alaska, Hawaii, and Puerto Rico.* Where medical facilities of the uniformed services are available within the area and are capable of providing the required medical care, spouses and children will utilize these facilities for such medical care. In areas where medical facilities of the uniformed services are either nonexistent or incapable of providing adequate medical care to spouses and children, those spouses and children who are residing with their sponsors are authorized ci-

vilian medical care from professionally acceptable local sources in accordance with §§ 577.60-577.70. Dependents residing in areas where medical facilities of the uniformed services are either nonexistent or incapable of providing adequate care and who do not reside with their sponsors, may apply to the appropriate overseas commander for medical care from professionally acceptable civilian sources. In order to implement §§ 577.60-577.70, authority is hereby delegated to the major overseas commander or comparable commander with overseas responsibility to conduct the medical and dental care program for dependents as provided for in §§ 577.60-577.70 in accordance with the joint regulations on fiscal policies contained in §§ 577.80-577.93.

(c) *Administration of restricted medical facility service areas.* (1) In determining the boundaries of the restricted medical service area, the commander or officer in charge of the uniformed service medical facility concerned shall consider normal commuting time, distance, and unusual geographic and transportation factors, such as toll bridges, or ferries, which would increase unreasonably the time and expense of travel.

(2) Unit commanders having members whose spouses and children are living in the affected restricted area shall take action to make such members aware that their dependents are not authorized civilian care at Government expense except as provided below. Restrictions imposed under this paragraph shall apply to spouses and children of members of all uniformed services residing with their sponsors in the restricted area.

(3) In such a restricted medical service area where a commanding officer of a uniformed service medical facility or his representative determines that it is in the best interest of a patient to obtain civilian medical care, irrespective of any restriction in effect at his facility, written authorization to obtain the necessary civilian medical care shall be provided to the eligible dependent. Also, written authorization shall be provided to spouses and children when a full patient load exists at a restricted hospital on a particular service at the time, or where for other valid reasons the required treatment cannot be provided to such patients at the restricted hospital within a reasonable time. Copies of such written authorization shall be furnished by the patient to the civilian physician or hospital for submission with the claim for payment.

(d) *Emergency care.* Any restrictions on freedom of choice shall be waived when circumstances indicate that it is necessary for the eligible dependent to obtain authorized medical care from civilian facilities due to a bona fide emergency, e. g., serious injury following an accident or illness of sudden onset requiring immediate treatment at the nearest available medical facility to preserve life, health, or to prevent undue suffering.

§ 577.67 *Medical care for dependents at medical facilities of the uniformed services.*—(a) *Authority for providing medical care to dependents.* Whenever

requested, authorized medical care shall be provided dependents of members and retired members of the uniformed services and dependents of persons who died while a member or retired member of a uniformed service, in medical facilities of the uniformed services, subject to the availability of space and facilities and the capabilities of the professional staff. Determinations made by the medical officer in charge of the uniformed service medical facility, or by his designee, as to the availability of space and facilities and the capabilities of the professional staff, shall be conclusive. The furnishing of medical care to dependents shall not interfere with the primary mission.

(b) *Determining the availability of facilities.* In determining whether or not a uniformed service medical facility is available to dependents for medical care, the commanding officer or officer in charge of the uniformed service medical facility shall apply the following criteria:

- (1) Primary mission.
- (2) Adequacy of professional care available for diagnosis and treatment.
- (3) Optimum number of patients who can be treated without sacrificing high professional standards.
- (4) Optimum utilization of the facilities of the uniformed services under consideration.

(c) *Medical care authorized.* (1) Medical care of dependents in the facilities of the uniformed services shall be limited to the following:

- (i) Diagnosis.
- (ii) Treatment of acute medical conditions, including acute exacerbations or acute complications of chronic diseases.
- (iii) Treatment of surgical conditions.
- (iv) Treatment of contagious diseases.
- (v) Immunization.
- (vi) Maternity and infant care.

(2) Treatment may be provided for acute emergencies of any nature which are a threat to the life, health, and well-being of the patient including acute emotional disorders. Hospitalization is authorized at Government expense for such emergencies only pending completion of arrangements for care elsewhere unless the illness or condition also qualifies for care under subparagraph (1) (i), (ii), (iii), (iv), or (vi) of this paragraph. With special exceptions as authorized by the Surgeon General of a uniformed service, additional care in a hospital of the uniformed service on a space available basis may be provided in accordance with paragraph (d) (2) of this section.

(3) When a hospitalized patient requires care beyond the capabilities of the medical facility, the commanding officer or officer in charge of the facility is authorized to transfer the patient to the nearest medical facility of the uniformed services where the required treatment is available, or is authorized to procure from civilian sources the necessary supplemental material and professional and personal services required for the proper care and treatment of the patient in a medical facility of a uniformed service. This authorization applies after the admission of a patient when the patient's condition so requires.

(d) *Medical care not authorized.* Dependents shall not be provided:

(1) Hospitalization at medical facilities of the uniformed services for the following:

- (i) Chronic diseases except for acute exacerbations or complications of chronic disease as defined in § 577.62 (k) (6).
- (ii) Nervous and mental disorders, except for diagnostic purposes (§ 577.62 (k) (7)).
- (iii) Elective medical and surgical treatments. (§ 577.62 (k) (5)).
- (iv) Domiciliary care (§ 577.62 (k) (4)).

(2) However, in special and unusual circumstances, exceptions for specific patients may be made by the Surgeon General having jurisdiction over the uniformed service medical facility concerned and hospitalization and/or treatment may be provided for such disorders or diseases as set forth in subparagraph (1) (i) and (ii) of this paragraph. In no instance may the period of hospitalization exceed 12 months.

(3) Artificial limbs, artificial eyes, hearing aids, orthopedic footwear, and spectacles, except that, outside the continental limits of the United States, and at remote stations within the continental limits of the United States when so designated by the secretary of the uniformed service concerned and approved by the Secretary of Defense where adequate civilian facilities are not available, those items, if available from Government stocks, may be provided to dependents at invoice cost to the Government. When invoice cost is not available, the inventory or catalog price may be used at the discretion of the responsible property officer concerned. For example, the charges to the dependent for spectacles could be on the basis of standard unit price of components.

(4) Ambulance service, except that a Government ambulance may be used in acute emergency as determined by the medical officer or other responsible officer in charge.

(5) Home calls, except in special cases where it is determined by the medical officer in charge to be medically necessary.

(e) *Cross-utilization and liaison with other medical facilities.* To provide effective cross-utilization of medical facilities of the uniformed services, eligible dependents, regardless of service affiliation, shall be given equal opportunity for medical care or dental care at the same facility. Commanders of medical facilities of the uniformed services shall establish the necessary coordination with each other where their medical service areas are in proximity in order to insure optimum utilization of all facilities concerned. In addition, commanding officers of uniformed services medical facilities shall establish necessary liaison and coordination with civilian medical services to insure to the maximum extent possible, the smooth referral of excess dependent patients (spouses and children) to civilian medical facilities. When any dependent requests the commander of a uniformed service medical facility or any member of his command, to recommend a hospital or doctor to

provide medical or dental care, under no circumstances will the dependent be referred to a specific hospital or doctor.

(f) *Charges for dependent medical care.* When medical care is provided dependents in facilities of the uniformed services, the following charges shall be made to the patient:

(1) *Inpatient care.* The per diem rate of charge for inpatient care provided dependents is \$1.75 which includes cost of subsistence.

(2) *Outpatient care.* No charge shall be made. However, the Department of Defense and the Department of Health, Education, and Welfare have promulgated the following policy with respect to outpatient care. "As a restraint on excessive demands for medical care, uniform minimal charges may be imposed for outpatient care only after a special finding by the Secretary of Defense after consultation with the Secretary of Health, Education, and Welfare that such charges are necessary. The secretaries of the uniformed services shall have continuing responsibility for determining the nature and extent of possible abuses of outpatient care in uniformed services medical facilities and shall so advise the Secretary of Defense when their findings are in the affirmative."

(g) *Dependents who become ineligible for medical care.* In case a dependent is an inpatient at a uniformed service medical facility at the time the member upon whom dependent is discharged from the service, or at the time a member upon whom dependent is dropped from the rolls of his service in desertion, or when the dependent's status changes so that said inpatient is no longer a dependent by definition as in § 577.62 (d), the Government's responsibility for furnishing such a person medical care under Public Law 569, 84th Congress, ceases at 2400 hours (midnight) of the date of such event.

(1) If continuation of the hospitalization of such patient in a uniformed service facility after the date of such change in status is deemed necessary by the medical officer in charge (until proper disposition of the patient can be made), the expense of hospitalization furnished will be on a full reimbursement basis to the patient or principal concerned.

(2) A commander who discharges a member or drops a member from the rolls in desertion or who has knowledge of a change of dependency status among dependents of members under his command shall have responsibility to notify the uniformed service medical facility concerned under circumstances as below (see also § 577.69 (f) (2)):

(i) A commander who processes a member for discharge for any reason (other than for retirement) will obtain a statement from the member to the effect that the member does or does not have a dependent receiving medical care in a uniformed services medical facility upon the effective date of discharge. If in the affirmative, the commander concerned will notify the uniformed service medical facility by message communication or other expeditious means furnishing the name of the "dependent," the name of the "member" upon whom de-

pendent, and the date of discharge of the member.

(H) When a "member" is dropped from the rolls of his service, the commander taking such action shall accomplish similar notification as in subdivision (i) of this subparagraph if he has or can readily obtain the pertinent required information.

§ 577.68 *Dental care for dependents at dental facilities of the uniformed services—(a) Dental care authorized.* Dental care of eligible dependents in facilities of the uniformed services is authorized as follows:

(1) *Within the continental limits of the United States (except as provided in subparagraph (2) of this paragraph—*

(i) *Emergency dental care.* Dependents of members of uniformed services are entitled to emergency dental care to relieve pain or suffering. This does not include orthodontic, or prosthodontic treatment or permanent restorative work.

(ii) *Adjunct to medical or surgical treatment.* Dependents are entitled to dental care deemed necessary by the cognizant dentist and physician as an adjunct to medical or surgical treatment, e. g., treatment of fractures of the jaw and treatment of infections of dental origin. Dental appliances shall be furnished only as prescribed in § 577.62 (k) (8).

(2) *Outside the continental United States and at designated remote areas within the continental United States.* Outside the continental limits of the United States and at designated remote areas within the continental United States where adequate civilian dental facilities are not available, routine dental care is authorized. Routine dental care includes general operative, surgical, and prosthodontic treatment which active-duty members of the uniformed services are furnished. Determinations made by the senior dental officer of the uniformed service dental facility or his designee as to the professional aspects of providing necessary dental care within the availability and capability of the dental staff shall be conclusive. Determinations as to the availability of space and facilities, or lack of them, for dependent dental care shall be made by the senior dental officer of the dental facility with the approval of the installation commander whose personnel are served by the dental facility concerned.

(b) *Designation of remote areas for dental care.* Remote areas within the continental United States shall be designated by a secretary of a uniformed service upon approval by the Secretary of Defense. Normally, an area will not be considered as remote unless the uniformed service activity is more than 30 miles from a community with adequate civilian dental facilities. Consideration shall be given to unusual geographic and transportation factors such as toll bridges or ferries which would unreasonably increase the time and expense of travel. A community's dental facilities ordinarily will not be considered adequate for the purpose of §§ 577.60-577.70 unless an average of one civilian dentist

is in private civilian practice per 2,000 population. The above criteria shall not preclude a local commander from requesting designation of an area as remote when adequately justified. All requests for designation of an area as remote shall include the following:

(1) The distance of the area from a community with adequate civilian dental facilities (in miles and time) including unusual transportation factors which must be considered.

(2) The number of civilian dentists engaged in an active private practice within 30 miles of the uniformed service dental facility(s).

(3) The civilian population within 30 miles of the uniformed service activity.

(4) The dependent population residing on or adjacent to the installation.

(5) The total number of dependents who would be eligible for dental care at a uniformed service dental facility of the area were designated as remote.

(6) The availability of specialized dental services within the civilian community(s).

(7) The capability of the uniformed services dental facility to provide dental care to dependents in the area.

(8) Statement concerning excessive costs of civilian dental service in the community.

(9) Examples of unusual delays in obtaining civilian dental service.

(c) *Charges for dependent dental care.* Such dental care as may be provided to dependents of members of the uniformed services by dental facilities of the uniformed services shall be furnished without charge. (Civilian dental care shall not be provided to dependents at Government expense, except for dental care provided as an adjunct to medical or surgical treatment in civilian hospitals as an inpatient, see § 577.69 (c) (9).)

§ 577.69 *Medical care for eligible dependents in civilian medical facilities—*

(a) *Eligibility for civilian medical care.* Only the lawful wife, the dependent lawful husband, and children who are dependents of members of the uniformed services are eligible to receive specified medical care in civilian hospitals and from civilian physicians and surgeons at Government expense. Spouses and children requesting medical care from civilian sources will be required to observe the identification procedures prescribed by the uniformed services (see §§ 577.64 and 577.65).

(b) *Executive agent.* The Secretary of the Army has been designated as the executive agent for the uniformed services for the administration of dependent medical care obtained from civilian sources in the continental United States, Alaska, Hawaii, and Puerto Rico. Address: Executive Agent, c/o Office of The Surgeon General, Department of the Army, Washington 25, D. C., Attn: MEDDC. For the procurement and administration of the medical care for spouses and children in areas outside the jurisdiction of the executive agent see § 577.66 (b) (2) and §§ 577.80-577.93.

(c) *Medical and hospital care authorized from civilian sources.* Medical and surgical care from civilian sources is au-

thorized for spouses and children for the following:

(1) Treatment of acute medical conditions, including acute exacerbations or acute complications of chronic disease only during hospitalization except as otherwise provided in §§ 577.60-577.70.

(2) Treatment of surgical conditions only during hospitalization except as otherwise provided in §§ 577.60-577.70.

(3) Treatment of contagious diseases during hospitalization.

(4) Complete obstetrical and maternity care.

(5) A maximum of 365 days' hospitalization in semiprivate accommodations for each admission, including the necessary services and supplies furnished by the hospital during hospitalization.

(6) Services required for a physician or surgeon prior to and following hospitalization for a bodily injury or surgical operation.

(7) Treatment in a hospital of acute emergencies of any nature which are a threat to the life, health, or well being of the patient, including acute emotional disorders. Hospitalization is authorized at Government expense for such emergencies only pending completion of arrangements for care elsewhere unless the illness or condition also qualifies for care under subparagraphs (1) through (4) of this paragraph. With special exceptions as authorized by the Surgeon General of a uniformed service, additional care in a hospital of the uniformed services on a space-available basis may be provided in accordance with § 577.67 (d) (2). In such cases, transfer to a uniformed service hospital at Government expense is authorized as provided in paragraph (h) (2) of this section.

(i) In continental United States, Hawaii, Alaska, and Puerto Rico, if the patient's illness or condition does not qualify for admission as in the foregoing references, the civilian hospital admitting the patient will immediately notify the executive agent furnishing the patient's name, diagnosis, type and duration of treatment required, and the name, age, and branch of service of the member on whom dependent.

(ii) In all other areas, immediate notification of all emergency admissions will be forwarded by the civilian hospital admitting the patient in accordance with regulations issued by the oversea commander or other commander concerned.

(iii) The executive agent or appropriate oversea commander will request the Surgeon General of the uniformed service concerned to determine whether or not the patient can be accepted in a medical facility of the uniformed services.

(8) Diagnostic tests and procedures including laboratory tests and pathological and radiological examinations during hospitalization when ordered by the attending physician.

(9) Dental care which is a necessary adjunct to medical or surgical treatment rendered in a hospital to a dependent who is a hospital inpatient. Such dental care shall not include removable or fixed prosthodontic restorations.

(10) Nursing service as provided in paragraph (d) (3) of this section.

(d) *Terms of reference and rules for the provision of authorized medical care*

from civilian sources. This guidance is for the purpose of determining the extent of dependent medical care which is provided to spouses and children at Government expense:

(1) *Applicable terms.* (These terms may be modified for use overseas in areas other than those under the jurisdiction of the executive agent.)

(i) *Hospital.* The word "hospital" shall mean only an institution which is operated in accordance with the law of the jurisdiction in which it is located pertaining to institutions identified as hospitals, is primarily engaged in providing diagnostic and therapeutic facilities for surgical and medical diagnosis, treatment and care of injured and sick persons by or under the supervision of staff physicians or surgeons, and continuously provides 24-hour nursing service by registered graduate nurses. It shall specifically exclude any institution which is primarily a place of rest, a place for the aged, a place for the treatment of drug addiction or alcoholism, a nursing home, a convalescent home, or a facility operated by the Federal Government or any agency thereof. If the experience of the executive agent indicates that the care provided in a hospital is substandard, or charges of a hospital are excessive, Government approval of its use in the future may be withdrawn and payment of charges by the Government denied for patients admitted subsequent to the withdrawal of approval unless the case is certified as an emergency by the attending physician or surgeon.

(ii) *Semiprivate accommodations.* The term "semiprivate accommodations" signifies the presence of 2, 3, or 4 beds in a room in which a patient is hospitalized. Private accommodations means one bed in a room.

(iii) *Necessary services and supplies.* Those services and supplies ordered by the attending physician which are customarily provided and charged for by the hospital.

(iv) *Physician or surgeon.* A person who is legally qualified to prescribe and administer all drugs and to perform all surgical procedures.

(v) *Local schedules of allowances.* Professional fees for payment of physicians' services applicable to a local area negotiated with the physicians' representatives and approved by the executive agent for the Department of Defense and Department of Health, Education, and Welfare.

(2) *Hospital care.* (i) Hospital care under this section is defined as inpatient care for 18 consecutive hours or more, except for shorter periods of hospitalization for surgical procedures, treatment of fractures or other bodily injuries, or instances in which death occurs in a lesser period of time.

(ii) Hospital care shall include board and room and necessary services and supplies for a maximum of 365 days for each admission except as provided in paragraph (h) (2) of this section.

(3) *Nursing care.* If private-duty nursing care is required for proper care and treatment while receiving authorized hospital care, and if the patient's attending physician certifies to such a require-

ment, a portion of the cost will be borne by the Government in accordance with paragraph (g) (4) of this section.

(4) *Professional services—(i) Professional services related to hospitalization.*

(a) The payment of physicians' fees according to the local schedules of allowances, including those of necessary consultants, for treatment of medical and surgical conditions during a period of hospitalization is authorized. The attending physician shall certify as to the requirements for a consultant's services.

(b) All diagnostic and therapeutic tests and procedures authorized by the attending physician and accomplished during a period of hospitalization are authorized for payment by the Government.

(c) The approved local schedules of allowances payable to a physician or surgeon for treatment in a hospital of a bodily injury or for a surgical procedure shall include prehospitalization and normal aftercare following a period of hospitalization.

(d) Although the Dependents' Medical Care Act provides primarily for professional services during hospitalization and does not permit "medical care normally considered to be outpatient care" at Government expense, certain limited benefits are authorized as indicated elsewhere in this paragraph and below:

(1) Payment is authorized in an amount not to exceed \$75 at Government expense for necessary diagnostic tests and procedures performed or authorized by the attending physician prior to hospitalization for the same bodily injury or surgical procedure for which hospitalized.

(2) Payment is authorized in an amount not to exceed \$50 at Government expense for necessary tests and procedures performed or authorized by the attending physician for proper aftercare of the same bodily injury or surgical procedure for which hospitalized.

(3) The monetary limitations in (1) and (2) of this subdivision are intended only to define the liability of the Government under the stated conditions and in no way modify, alter, or affect the fees for individual procedures contained in the local schedules of allowances, nor do they restrict the physician in the performance or authorization of necessary tests or procedures.

(4) The monetary limitations in (1) and (2) of this subdivision may be exceeded only in special and extraordinary cases provided that the physician authorizing the tests and procedures, the charges for which exceed the amounts specified above, submits a special report which shall be reviewed by a contractor's physician review committee. This committee will make appropriate recommendations to the executive agent who may authorize such additional payments. If there is no contractor's physician review committee, special reports referred to above will be processed in accordance with regulations prescribed by the command or agency administering the program in that area.

(5) If the physician initially responsible for care of a patient for a condition

for while the patient is hospitalized terminates his professional care prior to or upon hospitalization, and does not continue to provide professional care in the hospital because the care of the patient is transferred to another physician, he shall be authorized the fee for a single professional visit prior to hospitalization in accordance with the local schedule of allowances. This provision does not apply to subdivision (ii) of this subparagraph.

(ii) *Obstetrical and maternity service including certain infant care.* (a) Complete obstetrical and maternity service shall include prenatal care, delivery, and postnatal care in a hospital, office or home. Payments for prenatal care, delivery, and postpartum care shall be made to the physician performing the respective service in accordance with the local schedule of allowances (see paragraph (g) (6) of this section). In the event that more than one physician provides prenatal care, the prenatal care period shall be divided into 3 parts with appropriate apportionment of the prenatal fee. The Government normally shall not pay more than one physician's fee for each trimester. During prenatal care a change in physician as a result of a permanent change of station of the sponsor, a change in residence of the patient involving a considerable distance, or the death or disability of the attending physician would be exceptions. Similarly the Government shall not pay a separate fee for postpartum care except when the physician performing the postpartum care is other than the physician who performed the delivery as a result of changes as in the examples above. Allowances are authorized for laboratory tests, pathology or radiology examinations, and other procedures performed or authorized by the attending physician in the management of the pregnancy. In instances of home or office confinements, payments are not authorized for the purchase or rental of beds, bassinets, or similar equipment, nor for services of private-duty nurses (see paragraph (g) (6) of this section).

(b) If a consultant's services are required for proper care and treatment of the patient and the attending physician certifies as to the requirement, such care is authorized.

(c) Necessary or required infant care shall be provided during the period of hospitalization following delivery. If the infant requires further hospitalization following delivery, such care is authorized as a continuation of the original admission. As a part of complete maternity service, newborn infant care outside of a hospital, including immunization is also authorized at Government expense for a maximum period of 60 days following delivery but not to exceed a total of two visits by a physician or to a physician after discharge from the hospital.

(iii) *Other professional services.* The authorized payments for the treatment of bodily injuries when a patient is not hospitalized, including diagnostic and therapeutic tests and procedures authorized by the attending physician, are limited to treatment of fractures, disloca-

tions, lacerations, and other wounds as prescribed in the local schedules of allowances, or where no local schedules of allowances are applicable as prescribed by the command or agency administering the program in that area. Services, tests and procedures shall be in accordance with subdivision (i) (d) of this subparagraph and paragraph (g) (5) of this section.

(iv) *Dental care as an adjunct to medical care.* Such care is authorized in accordance with local schedules of allowances (see § 577.62 (k) (8)).

(e) *Medical care not authorized.* Medical care and services specified in this section shall not be authorized for any of the following:

(1) Chronic diseases, except for acute exacerbations or complications of chronic disease as defined in § 577.62 (k) (6).

(2) Nervous and mental disorders, except for emergencies as in § 577.67 (c) (2) and paragraph (c) of this section. Also see § 577.62 (k) (7).

(3) Elective medical and surgical treatment. See § 577.62 (k) (5).

(4) Domiciliary care. See § 577.62 (k) (4).

(5) Treatment or procedures normally considered to be outpatient care.

(6) Ambulance service, except as noted in paragraphs (c) (7), (f) (1), and (h) of this section, and as limited by § 577.80-577.93.

(7) Artificial limbs, artificial eyes, hearing aids, orthopedic footwear, and spectacles.

(f) *Administration of dependent patients who become ineligible for care.*

(1) Spouses and children of members of the uniformed services receiving treatment in a civilian medical facility at Government expense at the time of death of the member, or such spouses and children requiring care in a civilian facility as a result of being in the same accident which proved fatal to the member, if continued hospitalization is required, shall be transferred to a uniformed service medical facility as soon as the physical condition of the patients permits. If such a transfer is made, it will be accomplished at Government expense and transportation is authorized in the same manner as provided in paragraph (h) (3) of this section. The cost of medical care for the dependent during the period of hospitalization in the civilian facility shall be borne by the Government subject to the charges provided in paragraph (g) of this section, but not after the specified date on which arrangements and transfers are to be completed.

(2) In cases of spouses and children of members of the uniformed services receiving treatment in a civilian medical facility at Government expense at the time of release of the member from active duty; or when the member is separated from the service by punitive-type discharge; or when the member has been dropped from the rolls of his service, the Government's responsibility ceases as of 2400 hours (midnight) of the day on which the hospital and/or physician receives the notification that the dependents' eligibility for medical

care at Government expense has terminated.

(i) It shall be the responsibility of the commander who processes a member for separation or retirement to obtain a statement from the member to the effect that the member does or does not have an eligible dependent spouse or child receiving civilian medical care at Government expense upon the effective date of release from active duty. When the above statement is in the affirmative, the commander concerned will notify the executive agent (for patients in the continental United States, Alaska, Hawaii, and Puerto Rico) direct, by message communication or other expeditious means, furnishing the name of the dependent involved and the member upon whom dependent, date of release of the member from active duty, and the name and address of the civilian medical facility or physician where the dependent is receiving care. For patients in areas other than continental United States, Alaska, Hawaii, and Puerto Rico, notification will be made by the commander to the appropriate oversea commander directly, by message communication, to the effect that the patient is no longer entitled to care at the expense of the United States Government. A copy of the notification will be forwarded to the office responsible for payment of such bills.

(ii) Commanders executing punitive discharge of a member will obtain a statement from the member to the effect that the member does or does not have an eligible dependent spouse or child receiving civilian medical care at Government expense upon the date of the punitive discharge. When the above statement is in the affirmative, the commander concerned will accomplish the notification as prescribed in subdivision (i) of this subparagraph, furnishing the name of the dependent involved, the name of the member upon whom dependent, date the punitive discharge of the member is executed, and the name and address of the civilian medical facility or physician from whom the dependent is receiving care. If the commander has reason to believe the member has a spouse or child receiving civilian medical care at Government expense and he is unable to obtain this statement as above, he will accomplish the notification as in subdivision (i) of this subparagraph to the extent of information available.

(iii) When a member is dropped from the rolls of his service, the commander effecting such action and who has reason to believe that the member has a dependent spouse or child receiving civilian medical care at Government expense, shall accomplish the notification as prescribed in subdivision (i) of this subparagraph, furnishing the name of the dependent involved, the member upon whom dependent, date of dropping the member from the rolls of his service, and the name and location of the civilian medical facility or physician from whom the dependent is receiving care.

(iv) Upon the death of a member, his organization commander shall accomplish the notification prescribed in subdivision (i) of this subparagraph if he has reason to believe that the member

had a spouse or child receiving civilian medical care at Government expense.

(v) When the executive agent or the appropriate oversea commander, or other commander concerned receives notification in accordance with subdivisions (i), (ii), (iii), or (iv) of this subparagraph, he will notify the contractor, civilian medical facility, or civilian physician, as appropriate, to the effect that the dependent's eligibility for medical care at Government expense is terminated as of a specified date.

(g) *Charges for dependent medical care.* When the charge for the hospitalization of a spouse or child is \$25 or less, the patient shall pay the charge as a direct transaction not involving the Government. Also, when the charge for authorized care of an injury not involving hospitalization is \$15 or less, the patient shall pay the amount charged by the medical facility or physician as a direct transaction not involving the Government. In other instances, the patient shall pay the charge as prescribed under applicable circumstances listed below:

(1) When the entire period of hospitalization has been in other than private accommodations, the patient shall pay to the hospital the greater of subdivision (i) or (ii) of this subparagraph.

(i) The first \$25 of the expense incurred.

(ii) An amount determined by multiplying the number of days of hospitalization by the per diem rate of \$1.75 established in § 57.767 (f) (1).

(2) If hospital care in a private room is obtained because it is required for proper care and treatment, and if the patient's attending physician so certifies, the amount of private room charges less the patient's payment set forth below will be paid by the Government. The patient shall be required to pay the hospital the greater of subparagraph (1) (i) or (ii) of this paragraph and in addition 25 percent of the difference between private room charges and weighted average cost of semiprivate room charges. The weighted average cost of semiprivate room beds is based on the number of different rates for semiprivate room beds in that hospital times the number of beds at each rate combined into a sum of the products divided by the total number of beds, e.g., 20 beds @ \$10 equals \$200; 10 beds @ \$12 equals \$120; 10 beds @ \$15 equals \$150, for a total of \$470. The weighted average cost per bed would then be calculated (\$470 divided by 40 equals \$11.75 weighted average cost).

(3) If hospital care in a private room is provided at the specific request or desire of the patient or of the sponsor, the patient shall be required to pay to the hospital the greater of subparagraph (1) (i) or (ii) of this paragraph, and in addition the difference between private room charges and weighted average cost of semiprivate room charges.

(4) If private-duty nursing care is required for proper care and treatment while receiving authorized hospital care, and if the patient's attending physician so certifies, the patient shall pay the first \$100 and 25 percent of the charges in

excess of \$100 for such private-duty nursing care. The Government will pay 75 percent of the special-duty nursing charges in excess of \$100.

(5) When a patient is treated for injury other than as an inpatient in a hospital in accordance with paragraph (d) (4) (iii) of this section, the payments made shall be in accordance with the local schedules of allowances. Payments by the Government, not to exceed a maximum of \$75, except as provided for under paragraph (d) (4) (i) (d) (4) of this section, are also authorized for laboratory tests and pathology and radiology examinations provided they are procedures performed or authorized by the attending physician or surgeon. Payment of charges is also authorized for use of hospital outpatient facilities required for the treatment of the injury, e. g., a cast room. The patient shall pay the first \$15 of the total charges for each different cause or accident for which treatment and services are rendered, except that multiple injuries to the same person resulting from a single accident shall be considered as one injury for payment of the maximum required fee (\$15) by the patient. The Government shall pay for all costs in excess of \$15 as authorized in the local schedules of allowances or as provided for in normal hospital rates for use of their outpatient facilities. However, payment by the Government for laboratory tests and pathology and radiology examinations shall not exceed the \$75 maximum except as provided for under paragraph (d) (4) (i) (d) (4) of this section.

(6) All admissions to a hospital of an obstetrical patient as an inpatient for care required in direct connection with the pregnancy, including direct complications thereof, rendered, during the period of pregnancy up to and including delivery and postpartum inpatient care following delivery, or immediate postpartum inpatient care for patients delivered outside the hospital, shall be considered as one admission for the purposes of determining charges to the dependent. Admission for a non-obstetrical diagnosis in the course of a pregnancy would require the patient to pay the charges for a separate admission. Patients who delivered in a home or office shall pay to the physician the first \$15 of the charges in connection with the delivery, if not subsequently hospitalized. If hospitalized, the charges shall be in accordance with other applicable provisions of this paragraph.

(7) When an inpatient is transferred to another hospital for necessary treatment not available in the first hospital and no break in hospitalization occurs except for time in transit, it shall be considered as one admission for the purpose of payment of charges by the patient in accordance with this section.

(h) *Hospitalization beyond period of 365 days.* When a spouse or child requires a period of hospitalization in excess of 365 days, the hospital shall notify the executive agent or if applicable the appropriate oversea commander or other commander concerned as in paragraph (c) (7) of this section. This notification shall be submitted not later than 300

days after admission of the patient. Advance notice will permit arrangements to be made for proper transfer of the patient to a hospital of the uniformed service if this is determined to be feasible. When transfer is not feasible, continuation of care in the civilian hospital at the expense of the Government may be authorized as provided below.

(1) The executive agent upon receipt of such information shall notify the Surgeon General of the appropriate uniformed service.

(2) The Surgeon General of the uniformed service concerned shall take action to determine the feasibility of moving the patient to an appropriate facility of the uniformed services or other disposition as may be indicated prior to the expiration of the 365 days of authorized civilian care. If transfer of the patient is not feasible, authorization of continued civilian hospital care beyond 365 days may be approved by the Surgeon General concerned for a period not to exceed 90 days. Further authorization, if required, must be obtained prior to the end of each subsequent 90-day period. When a Surgeon General takes such action, he will notify the executive agent who in turn will notify the contractor or civilian hospital concerned.

(3) Transportation incident to movement of the spouse or child is authorized at Government expense. Commercial or Government transportation means shall be utilized as appropriate. This includes utilization of aeromedical evacuation systems of the Military Air Transport Service (MATS) or other military aircraft as appropriate. Upon written authority of the commander or director of a uniformed service medical facility nearest the locale of the patient, movement of such patients may be accomplished via aeromedical evacuation aircraft in accordance with the applicable procedure of MATS or theater air commander on a space-available basis.

(i) *Government liability for payment of civilian medical care costs.* As prescribed in §§ 577.64 and 577.65, the uniformed services shall provide eligible dependents with means of identification. When spouses and children of members of the uniformed services are provided civilian medical care, it is expected that the attending physician and medical facility will use reasonable care and precaution in identifying them. When medical care has been provided in good faith by the attending physician and medical facility and it is subsequently determined that the persons concerned were not in fact entitled to medical care at Government expense under the Dependents' Medical Care Act, collection and other legal action shall be taken only against the sponsor, guardian, or individual who was not entitled to the medical care. Collection action in individual cases will be the responsibility of the uniformed service whose appropriations reimbursed the executive agent or whose appropriations were used in payments made on behalf of persons not entitled to medical care at Government expense. Where fraud is indicated, the matter may be referred to the Attorney General of the United States with recommendation for prosecution.

§ 577.70 *Medical care in medical facilities not otherwise provided for.* (a) When spouses and children receive medical care authorized by §§ 577.60-577.70, on an emergency basis, in a medical facility which is not included in the definition of a hospital as provided for in § 577.69 (d) (1) (i) or is not a uniformed services medical facility, the patient shall pay the charges listed in § 577.69 (g) as applicable and the Government will pay the difference between the amount payable by the patient and reimbursable cost. Payments by the Government for such care rendered in Federal medical facilities other than those of a uniformed service will be on a reimbursement basis between the executive agent and the department or agency concerned. This does not apply to paragraph (c) of this section.

(b) When dependents receive medical care authorized by §§ 577.60-577.70 in the governmental facilities of a foreign government, the dependent shall pay the charges listed in § 577.69 (g), and the difference between the total bill and the amount paid by the dependent will be paid by the United States Government. In instances where a reciprocal agreement between a foreign government and the United States is in effect which provides for no charge or lesser charge to the dependent than those listed in § 577.69 (g), such charges, if any, under the reciprocal agreement shall prevail.

(c) Sections 577.60-577.70 do not affect dependent's medical care furnished under the provisions of section 105, Public Law 453, 83d Congress, which authorizes medical and dental care for eligible dependents of military personnel in the Canal Zone Government medical facilities.

FISCAL POLICIES PERTAINING TO DEPENDENTS' MEDICAL CARE

2. Sections 577.80-577.93 are hereby prescribed, to read as follows:

Sec.	
577.80	Purpose and scope.
577.81	Reference.
577.82	Responsibilities of executive agent.
577.83	Medical care obtained from civilian sources in continental United States, Alaska, Hawaii, and Puerto Rico for dependent spouses and children.
577.84	Address of executive agent.
577.85	Responsibilities for execution of contracts in continental United States, Alaska, Hawaii, and Puerto Rico.
577.86	Contract financing.
577.87	Payments to physicians and civilian medical facilities.
577.88	Payments to contractors in continental United States, Alaska, Hawaii, and Puerto Rico.
577.89	Payment for medical care when contract procedures not established.
577.90	Civilian medical care for spouse and children outside continental United States, Alaska, Hawaii, and Puerto Rico.
577.91	Administration of civilian medical care in areas outside jurisdiction of executive agent.
577.92	Claims.
577.93	Transportation of patients.

AUTHORITY: §§ 577.80-577.93 issued under Pub. Law 569, 84th Cong., 70 Stat. 250.
SOURCE: AR 40-122, SECNAV INST 6320.9, AFR 170-18, and PHS DIV FIN CIR No. 41, all dated November 5, 1956.

§ 577.80 Purpose and scope. Sections 577.80-577.93 promulgate policies and procedures for guidance of the uniformed services with respect to fiscal aspects of medical care for eligible dependents of members of the uniformed services in accordance with the Dependents' Medical Care Act (PL 569, 84th Cong.).

§ 577.81 Reference. Reference will be made to the joint uniformed services regulation in §§ 577.60-577.70 for information and guidance with respect to the following:

(a) Definition of terms peculiar to the dependent medical care program.

(b) Determination of eligibility and authorization for admission of dependents.

(c) Determination of source from which dependents are to receive medical care.

(d) Administration of medical care for dependents at medical facilities of the uniformed services.

(e) Administration of medical care obtained from civilian sources for spouses and children.

(f) Administration of medical care not otherwise provided for.

§ 577.82 Responsibilities of executive agent. (a) To make medical care available at Government expense from civilian sources for the spouses and children of all members of the uniformed services, the Secretary of the Army, acting as executive agent for the Secretary of Defense and the Secretary of Health, Education, and Welfare, is responsible for contracting for such medical care within the continental United States, Alaska, Hawaii, and Puerto Rico in accordance with instructions contained in § 577.85. For the administration of medical care obtained from civilian sources for spouses and children of members of the uniformed services outside the continental United States, Alaska, Hawaii, and Puerto Rico, see § 577.91.

(b) The executive agent's authority does not extend to the conduct of the medical care program in medical facilities of the uniformed services.

§ 577.83 Medical care obtained from civilian sources in continental United States, Alaska, Hawaii, and Puerto Rico for dependent spouses and children. The executive agent is responsible for this portion of the medical care program, acting under authority of the Secretary of Defense. In view of this single responsibility, the Secretary of the Army is responsible for the development of such procedures and the issuance of such instructions as are considered necessary to execute the responsibilities and functions required of the executive agent as set forth in §§ 577.80-577.93.

§ 577.84 Address of executive agent. The address of the executive agent is as follows:

Executive Agent,
% Office of The Surgeon General,
Department of the Army,
Washington 25, D. C.,
ATTN: MEDDC

§ 577.85 Responsibility for execution of contracts in continental United States, Alaska, Hawaii, and Puerto Rico. (a)

To insure the availability of medical care from civilian sources in the continental United States, Alaska, Hawaii, and Puerto Rico for the dependent spouses and children of all members of the uniformed services, the Secretary of the Army, acting as executive agent for the Secretary of Defense and the Secretary of Health, Education, and Welfare, will contract for such medical care in accordance with Armed Services Procurement Regulations with authority to redelegate contracting authority to an appropriate level within the Army.

(b) The executive agent is responsible within the continental United States and in Alaska, Hawaii, and Puerto Rico with respect to the preparation of the terms and placement of the contract or contracts to be established to include, but not limited to:

(1) Local schedules of allowances to be used in full payment of bills presented by physicians and surgeons.

(2) A provision for review and, if necessary, an adjustment of payments for administrative overhead charges not later than 120 days after the first year the plan or plans have been in effect and each year thereafter.

(3) Determination of administrative responsibilities of the contractors and method of determining administrative costs.

(4) Adequate billing procedures covering bills transmitted from the physicians or the treatment facility either directly to the Government or through a contractor or by other arrangement, as applicable.

NOTE: Sections 577.60-577.70 authorize under certain conditions, the furnishing of care by dentists and private duty nurses at Government expense. When such care is authorized, payment for services rendered by dentists and private duty nurses will be accomplished in the manner prescribed in § 577.87.

(c) The executive agent, in addition to other responsibilities indicated in §§ 577.80-577.93, is responsible for the following with respect to the administration of contracts:

(1) Liaison activities with the contractor(s).

(2) Payment of bills.

(3) The processing of complaints with reference to civilian medical care and hospitalization.

(d) The executive agent's responsibility does not include, as a matter of routine, a detailed supervision of civilian medical procedures or a detailed inspection of civilian medical facilities.

(e) Subject to the provisions of applicable contracts, contractors will be responsible for payments to physicians, in accordance with local schedules of allowances, payments to hospitals for authorized services rendered, liaison with physicians and hospitals, maintenance of complete fiscal records for audit purposes, rendition periodically of consolidated billings to the executive agent, maintenance of records which are the basis for determination of administrative overhead charges payable to the contractor, and such other requirements as may be included in contracts as specific responsibilities of the contractor. Contractors also shall have responsibility for

resolving medical disputes (regarding professional matters and payment of fees) through local grievance committees composed of civilian physicians designated by the State, District of Columbia, Puerto Rico, or territorial medical society. When local grievance committees recommend to the contracting officer through the fiscal agent additional or modified payments to physicians for procedures not specifically covered by the local schedule of allowances or in unusually involved cases, the contracting officer may authorize additional payments.

§ 577.86 Contract financing. Each of the uniformed services is authorized to finance contracts in accordance with applicable regulations or instructions of the uniformed service concerned with respect to contracts which activities of the particular uniformed service may negotiate to obtain medical care from civilian sources in areas outside the jurisdiction of the executive agent. The executive agent will finance contracts in accordance with applicable regulations of the Department of the Army and such other special instructions as may be issued by appropriate authority with respect to the Dependents' Medical Care Program.

§ 577.87 Payments to physicians and civilian medical facilities. (a) Based upon contracts entered into between the executive agent or oversea commanders and contractors, it is the responsibility of each contractor to effect payment to physicians and civilian medical facilities for authorized services rendered in accordance with the terms of the contract. These payments will be made by the contractor upon receipt of a properly executed DA Form 1863 (Statement of Services Provided by Civilian Medical Sources—PL 569, 84th Congress). This form will be made available to the source of medical care by the appropriate contractor who will have previously been furnished a supply of such forms by or through action of the executive agent or appropriate oversea commander. In oversea areas not administered by the executive agent, this form will be requisitioned through established forms requisitioning channels of the uniformed service concerned to document authorized medical care obtained from civilian sources. Copies of DA Form 1863 will be used to support the payment voucher, Standard Form 1034 (Public Voucher for Purchases and Services Other than Personal), except that in instances where DA Form 1863 is not readily obtainable, the payment voucher will be supported by an invoice from the physician, or medical facility concerned, which will clearly reflect the data required by the Statement of Services form.

(b) It is the responsibility of the contractor to examine each claim received from a civilian physician or civilian medical facility to insure that amounts claimed are in accordance with local schedules of allowances, where applicable, and that services for which payment is claimed conform to the terms of the contract or other prescribed method of payment. Where the examination of

the claims indicates any irregularity in a claim, it is the responsibility of the contractor to effect appropriate adjustment prior to payment of the claim or return the claim to the civilian physician or medical facility for adjustment and resubmission.

§ 577.88 *Payments to contractors in continental United States, Alaska, Hawaii, and Puerto Rico.* The executive agent is authorized to take such actions as are considered necessary to carry out assigned responsibilities for payment of contractors in the continental United States, Alaska, Hawaii, and Puerto Rico. These actions will include the development of procedures and the promulgation of necessary regulations with respect to voucher forms to be used, supporting documentation and certification of vouchers, frequency of payments, designation of paying offices, and such other fiscal requirements considered necessary to establish a proper functional relationship between the executive agent and the contractors.

§ 577.89 *Payment for medical care when contract procedures not established.* Within the continental United States, Alaska, Hawaii, and Puerto Rico where authorized medical care is provided to eligible dependents by civilian physicians and hospitals which are not subject to submission of bills through contract procedures, the executive agent will establish procedures which will provide for designation of an office or offices to which such bills will be submitted for processing and payment.

§ 577.90 *Civilian medical care for spouses and children outside continental United States, Alaska, Hawaii, and Puerto Rico.* In areas other than the continental United States, Alaska, Hawaii, and Puerto Rico in which medical facilities of the uniformed services are either nonexistent or incapable of providing adequate medical care for spouses and children residing in the area, civilian medical care, as authorized by §§ 577.60-577.70, is authorized to be provided from acceptable local sources.

§ 577.91 *Administration of civilian medical care in areas outside jurisdiction of executive agent.* (a) The secretary of each uniformed service is authorized to contract for or provide for payment of authorized medical care for spouses and children in overseas areas. He may redelegate this authority to a major overseas commander or other comparable commander having overseas command responsibility and authorize further successive redelegations when deemed appropriate. Where delegation of authority to an overseas commander has not been made, a request for the delegation of this authority may be submitted to the secretary of the uniformed service concerned when the overseas commander determines such action to be desirable.

(b) Where contracts for civilian medical care for spouses and children are placed, the responsibilities of the uniformed service executing the contract will be the same, where applicable, as those indicated herein for the executive agent with respect to the administration

of contracts as indicated in § 577.85 (b) through (e).

(c) In appropriate instances, contracts may be accomplished by a uniformed service for the spouses and children of more than one uniformed service or all uniformed services in their area of cognizance. Where an overseas command or activity deems such action desirable, request for designation of a single uniformed service will be forwarded through channels to departmental level for consideration and action. The request will include a recommendation as to the uniformed service to be designated.

(d) Where it is determined that it is not feasible or appropriate to execute a contract to provide authorized medical care from civilian medical sources in overseas areas through an intermediary in conformity with procedures authorized above, such care may be contracted for by direct contract with civilian physicians and hospitals. Further, such care may be obtained in appropriate cases without a formal contract and payment for authorized services rendered will be made direct to the physician or hospital concerned by a disbursing officer designated by the overseas commander concerned.

§ 577.92 *Claims.* In cases where spouses and children receive authorized medical care from approved sources at personal expense which is a proper charge against the Government, claims for reimbursement in such cases may be made by the sponsor or dependent. Where the care was provided in the continental United States, Alaska, Hawaii, or Puerto Rico, the claim will be submitted to the appropriate Army commander for review and disposition. Where authorized care was provided outside areas of responsibility of the executive agent, claims will be processed in accordance with applicable regulations of the uniformed service concerned. Each claim will give detailed information concerning all facts in support of the claim including the name and address of the physician or medical facility providing the medical care and a receipted copy of the physician's or medical facility's billing.

§ 577.93 *Transportation of patients.* (a) Situations may arise where it will be necessary to move spouses and children from civilian medical facilities to a medical facility of the uniformed services. In such cases, when movement of spouses and children is provided at Government expense as authorized by §§ 577.60-577.70, cost of transportation when procured from civilian sources will be charged to the applicable appropriation of the uniformed service of which the sponsor is a member and which is available for the maintenance and operation of medical facilities of the particular uniformed service. Payment for transportation services under authority of this section is a direct responsibility of the uniformed service of which the sponsor is a member and will not involve any actions by the executive agent.

(b) The use of a civilian ambulance for providing the transportation contemplated by this section is not authorized

except to transport the patient from the medical facility to the primary means of transport.

[SEAL] HERBERT M. JONES,
Major General, U. S. Army,
Acting The Adjutant General.

[F. R. Doc. 56-10173; Filed, Dec. 13, 1956;
8:45 a. m.]

TITLE 32A—NATIONAL DEFENSE, APPENDIX

Chapter I—Office of Defense Mobilization

[Defense Manpower Policy Statement 1,
Supp. 1]

DMP 1—IMPLEMENTATION OF NATIONAL MANPOWER MOBILIZATION POLICY WITH RESPECT TO PROCUREMENT AND PRODUCTION SCHEDULING

SUSPENSION PENDING REVIEW

By virtue of the authority vested in me by Executive Order 10480 of August 14, 1953, as amended: *It is hereby ordered, That:*

1. Defense Manpower Policy Statement No. 1 of August 2, 1951, is hereby suspended pending review.

2. This order shall take effect on December 7, 1956.

OFFICE OF DEFENSE
MOBILIZATION,
ARTHUR S. FLEMING,
Director.

[F. R. Doc. 56-10225; Filed, Dec. 13, 1956;
8:46 a. m.]

TITLE 38—PENSIONS, BONUSES, AND VETERANS' RELIEF

Chapter I—Veterans Administration

PART 3—VETERANS CLAIMS

PART 4—DEPENDENTS AND BENEFICIARIES CLAIMS

MISCELLANEOUS AMENDMENTS

1. In Part 3, § 3.142 (a) is amended to read as follows:

§ 3.142 *Special action where evaluations provided under the rating schedule, 1945, are considered inadequate or excessive.* (a) Exceptional cases to which the application of the 1945 schedule is not understood, or with regard to which evaluation under this schedule is considered inadequate or excessive, may be submitted by the adjudication officer or Chief, Veterans Claims Division, Veterans Benefits Office, Washington, D. C., for advisory opinion or for reevaluation to the Director, Compensation and Pension Service, Central Office. Questionable special monthly compensation cases and cases involving severe disabilities considered total, but for which current procedure does not authorize a total rating, will be similarly submitted. However, cases will not be withdrawn from appellate channels for submission under this section, except as the Board of Veterans Appeals may join in reference of such cases with their recommendation (Vet. Reg. 3 (a) 38 U. S. C. 12A).

2. In § 3.170, paragraph (a) is amended to read as follows:

§ 3.170 *Continuance of total disability ratings.* (a) Total disability ratings made pursuant to the criteria established under the prior general and service pension laws, the War Risk Insurance Act, as amended, or the World War Veterans' Act, 1924, as amended, or existing legislation for pension, disability allowance, or disability compensation purposes, when warranted by the severity of the condition and not granted purely because of hospitalization or home treatment, or individual unemployability, will not be reduced, in the absence of clear error, without physical examination showing material improvement in physical condition. Examination reports showing material improvement must be evaluated in conjunction with all the facts of record, and consideration must be given particularly to whether the veteran attained improvement under the ordinary conditions of life, i. e., while actually at work, or whether the symptoms have been brought under control by prolonged rest, or, generally, by following a regimen which precludes work and, if the latter, reduction from total disability ratings will not be considered pending reexamination after a period of employment (3 to 6 months). In service-connected cases, continuance of total ratings for active tuberculosis which has reached arrest will be in accordance with extensions 6 and 6A of the Schedule for Rating Disabilities, 1945: *Provided*, That where in the opinion of the rating board the Veteran at the expiration of the 2 years during which a total rating is provided by extension 6 will not be able to maintain arrest or inactivity under the ordinary conditions of life, the case will be submitted under § 3.142.

(68 Stat. 29; 38 U. S. C. 746)

3. Section 3.171 *Continuance of total disability ratings in tuberculosis cases* is revoked.

4. In § 3.172, paragraphs (a) and (c) are amended and (d) is added to read as follows:

§ 3.172 *Stabilization of disability evaluations.* (a) The approved policy of the Veterans Administration requires that all rating agencies handle cases affected by change of medical findings or diagnosis, wherein service-connection or entitlement is in effect, including claims under Part III, Veterans Regulation 1 (a) (38 U. S. C. ch. 12A), so as to produce the greatest degree of stability of disability evaluations consistent with the laws and regulations governing disability compensation and pension. In pursuance of this vital policy it is essential that the entire record of examinations and the medical-industrial history be reviewed to ascertain whether the recent examination is full and complete, including all special examinations indicated as a result of general examination and the entire case history. This applies especially to hospital examinations incident to treatment of intercurrent diseases and exacerbations, includ-

ing bedside examinations, examinations by designated physicians, and examinations in the absence of, or without taking full advantage of, laboratory facilities and the cooperation of specialists in related lines. Examinations less full and complete than those on which payments were authorized or continued will not be used as a basis of reduction. The type of disease and the relationship between the former diagnosis and findings and the new diagnosis and findings must be closely examined. Ratings on account of diseases subject to temporary or episodic improvement, e. g., manic-depressive or other psychosis, epilepsy, psychoneurosis, coronary sclerosis (coronary occlusion or the anginal syndrome), bronchial asthma, gastric or duodenal ulcer, many skin diseases, etc., will not be reduced on any one examination, except in those instances where all the evidence of record clearly warrants the conclusion that permanent improvement of physical or mental condition has been demonstrated. Ratings on account of diseases which become comparatively symptom free (findings absent) after prolonged rest, e. g., phlebitis, myocardial or coronary insufficiency, etc., will not be reduced on examinations reflecting the results of bed rest. When the new diagnosis reflects mental deficiency or psychopathic inferiority only, the possibility of only temporary remission of the psychosis, psychoneurosis, or other superimposed disease will be borne in mind. When syphilis of the central nervous system or alcoholic deterioration is diagnosed following a long prior history of psychosis, psychoneurosis, epilepsy, or the like, it is rarely possible to exclude persistence, in masked form, of the preceding innocently acquired manifestations. With new diagnosis or findings reflecting change from organic etiology to functional etiology, as organic disease of the heart, to neurocirculatory asthenia, vasomotor instability, or psychoneurosis, or as arthritis to psychoneurosis under similar circumstances, substantially the same degree of disability may persist under the new diagnosis as under the old one. Even though material improvement in the physical or mental condition is clearly reflected, the rating agency will consider whether the evidence makes it reasonably certain that the improvement will be permanent and can be maintained under the ordinary conditions of life, i. e., while employed, or, if unemployed, while actively seeking employment.

(c) The provisions of paragraphs (a) and (b) of this section apply to ratings which have continued for long periods at the same level (5 years or more). They do not apply to disabilities which have not become stabilized and are likely to improve. Reexaminations disclosing improvement, physical or mental, in these disabilities will warrant reduction in rating.

(d) Permanent and total disability evaluations under Part III, Veterans Regulations 1 (a), in effect during a

period of hospital treatment for active pulmonary tuberculosis will be continued for 6 months following discharge from hospital as arrested or inactive, provided the medical authorities recommend that employment be not resumed, or be resumed only for short hours, not more than 4 hours a day for a 5-day week. At the end of the 6-month period the veteran will be reexamined and the permanent and total disability evaluation may be extended for a further period of 6 months provided there is factual evidence that the veteran is not employed in a substantially gainful capacity and that he continues to be totally incapacitated. Evidence to be considered in making this determination will be residuals of thoracoplasty, continuance of pneumothorax or pneumoperitoneum, or continued medication with antibiotic drugs and, in any event, observance of rest periods during the daytime. Similar extensions may be granted under the same conditions at the end of 12 and 18 months. Where in the opinion of the rating board the veteran at the expiration of the 24 months will not be able to maintain arrest or inactivity under the ordinary conditions of life, the case will be submitted under § 3.142.

5. Section 3.315 is revised to read as follows:

§ 3.315 *Special apportionments.* Where it is clearly shown by competent evidence that the application of the provisions of §§ 3.276, 3.310, and 3.311, or the fact that no apportionment is authorized under § 3.312 will result in undue hardship upon the disabled person or any one of his dependents and relief can be afforded without undue hardship to the other persons in interest, the complete case file will be forwarded by the authorization officer or the attorney-reviewer with appropriate recommendation as to the exact manner of the proposed relief, to the adjudication officer, assistant adjudication officer, or the Chief, Veterans Claims Division, Veterans Benefits Office, D. C., who will determine without regard to the provisions of §§ 3.276, 3.310, 3.311, and 3.312, the disability pension, service pension, disability compensation, or emergency officers retirement pay, which will be apportioned and the exact amount to be apportioned to each individual in interest. Should an appeal from such apportionment be received, the claims folder will be referred to the adjudication officer, assistant adjudication officer, or the Chief, Veterans Claims Division, Veterans Benefits Office, in order that the special apportionment from which the appeal is taken may be reconsidered in the light of any additional evidence developed in connection with the appeal. When it is found that no change is warranted, VA Form 8, properly prepared, will be approved. Thereafter, regular appellate procedure will be for application. (See Veterans Administration appeals procedures.)

(Sec. 3, 54 Stat. 1195; 38 U. S. C. 49a)

(Sec. 5, 43 Stat. 608, as amended, sec. 2, 46 Stat. 1016, sec. 7, 48 Stat. 9; 38 U. S. C. 11a, 426, 707)

6. In Part 4, paragraph (a) of § 4.174 is amended to read as follows:

§ 4.174 *Rating for purpose of service-men's indemnity.* (a) As to persons specified in § 4.300 (b) (2) and (3), the death rating agency will determine whether disability (injury or disease) causing death was actually incurred during the designated period of time while en route to the place specified. The injury or disease must have been incurred during a period of time when the person was actually pursuing the objective of reaching the place specified without material deviation from the manner provided. Where the requirements for favorable action as specified in this section are met except that a question remains as to deviation, the rating agencies in field offices will make a recommendatory rating which will be forwarded to Director, Compensation and Pension Service, for review and final action.

7. In § 4.178, paragraph (d) is amended to read as follows:

§ 4.178 *World War II or Korean conflict* (Pub. Law 28, 82d Cong.): *establishment of service-connected disability of less than 10 per centum* (sec. 4, Pub. Law 312, 78th Cong., act of May 27, 1944, as amended, sec. 6, Pub. Law 483, 78th Cong., act of Dec. 14, 1944).

(d) *Cases not covered.* Where there is no provision for an evaluation of the disease or injury as a disability and the condition is not a disability within the meaning of the instructions issued defining the term "disability" as used in section 1 (b), Public Law 198, 76th Congress, or section 6, Public Law 483, 78th Congress, or in paragraph (b) of this section, but it is clear that the disease or injury constituted a definitely ascertainable disability, the rating agency will outline the evidence and influencing reasons relied on to show the existence of a disability in a recommendatory submission to the Chief Benefits Director, Attention: Director, Compensation and Pension Service, together with the XC-folder for review and decision. Upon the basis of such decision, the rating agency will render a complete rating upon return of the XC-folder. Consideration will be given in Central Office toward inclusion of the disease or injury, held as a definitely ascertainable disability in the individual case, in a general regulatory issue for the guidance of all concerned. No case will be withdrawn from appellate channels for submission under this paragraph, except as the Board of Veterans Appeals may join in reference of such case with their recommendation.

(Sec. 5, 43 Stat. 608, as amended, sec. 2, 46 Stat. 1016, sec. 7, 48 Stat. 9; 38 U. S. C. 11a, 426, 707)

This regulation is effective December 14, 1956.

[SEAL]

JOHN S. PATTERSON,
Deputy Administrator.

[F. R. Doc. 56-10233; Filed, Dec. 13, 1956; 8:47 a. m.]

PART 6—UNITED STATES GOVERNMENT LIFE INSURANCE

PART 7—SOLDIERS' AND SAILORS' CIVIL RELIEF

PART 8—NATIONAL SERVICE LIFE INSURANCE MISCELLANEOUS AMENDMENTS

1. In Part 6, paragraphs (a) (2) and (3), and (b) of § 6.90 are amended to read as follows:

§ 6.90 *Examinations for insurance purposes.* (a)

(2) When requested by the disability insurance claims activity for the purpose of review, as provided by Veterans Administration regulations, of claims in which insurance benefits are being paid, to determine if the person has recovered the ability to follow a gainful occupation;

(3) When requested by the disability insurance claims activity in order to determine the existence of mental incompetency for the purpose of waiver of payment of an insurance premium on its due date. Examination will be made without charge to the claimant.

(b) Physical examinations required of applicants for insurance, under the World War Veterans' Act, 1924, as amended, or for reinstatement of insurance, may be made free of charge to the applicant by a full-time or part-time salaried physician at a field station of the Veterans Administration upon the request of the applicant, or upon the specific request of the underwriting activity in connection with an application for reinstatement of insurance when deemed necessary in order properly to safeguard the interests of the Government. Physical examinations required of applicants for insurance, under the World War Veterans' Act, 1924, as amended, or for reinstatement of insurance, may be made at applicant's own expense by a physician duly licensed for the practice of medicine by a State, Territory of the United States, or the District of Columbia, or by a duly licensed osteopathic physician who is a graduate of a recognized and approved college of osteopathy and who is listed in the current directory of the American Osteopathic Association. Such examination may be made by a physician or osteopath who is not related to the applicant by blood or marriage, associated with him in business, or pecuniarily interested in the issuance or reinstatement of the policy. Examinations made in a foreign country by a physician duly licensed for the practice of medicine and otherwise acceptable may be accepted if submitted through the American consul. The Administrator of Veterans' Affairs may require such further medical examination or additional medical evidence as may be deemed necessary and proper to establish the physical and mental condition of the applicant at the time of the application.

2. Section 6.91 is revised to read as follows:

§ 6.91 *Examinations and inspections for insurance purposes where applicant*

or claimant, by reason of his physical or mental condition, is unable to appear at a Veterans Administration office. If an individual is unable to travel because of physical or mental condition, the Manager of a field station may, on his own initiative or at the request of the insurance activity concerned, authorize at Government expense examination at the home of the person to be examined in those instances in which, as provided by § 6.90, examination by a full-time or part-time salaried physician is deemed necessary properly to safeguard the interests of the Government. Examination at the home of an applicant for reinstatement of insurance can be authorized at Government expense only by the underwriting activity.

(Sec. 36, 45 Stat. 965, as amended; 38 U. S. C. 459c)

3. In § 6.92, paragraph (b) is amended to read as follows:

§ 6.92 *Expenses incident to examinations for insurance purposes.*

(b) Necessary transportation expenses may be furnished, subject to the governing provisions of § 17.100 of this chapter, incident to a physical examination at a field station of the Veterans Administration of an applicant for reinstatement of insurance: *Provided*, That the applicant was ordered to report for the examination at the specific request of the underwriting activity.

(Sec. 36, 45 Stat. 965, as amended; 38 U. S. C. 459c)

4. Section 6.150 is revised to read as follows:

§ 6.150 *Claims alleging insurance contract where there is no application for insurance on file.* In those cases where claim is made alleging that a person made valid application for yearly renewable term (War Risk) insurance or United States Government life insurance, and that the insurance is subject to reinstatement, or that such insurance matured by reason of the total and permanent disability or death of the person at a time when the insurance was in force, and, in case of death, that there was a valid designation of beneficiary, or that there is entitlement to total disability benefits, and where there is no application for insurance on file, the claimant will be required to submit all available evidence concerning the alleged application for insurance in such manner and on such forms as may be deemed necessary. The evidence submitted by the claimant and the evidence as disclosed by records in possession of the Government relative to the question as to whether the person made a valid application for insurance will be considered and, if found sufficient to establish as a fact that the said person did apply for insurance and if the other allegations of said claim are sustained, a record of insurance will be established in accordance with such finding. However, if it be determined that the evidence is not sufficient to establish as a fact that the said person applied for insurance as alleged, or determined that

any insurance applied for as alleged would not be valid or not subject to reinstatement, or determined that the said person did not become permanently and totally disabled, or die as a time when the insurance would have been in force if insurance had been applied for, or in case of death, if it be determined that there was no valid designation of beneficiary, the claimant will be so informed and will be notified that, unless he desires to appeal to the Administrator, a disagreement exists as to the matters in controversy as contemplated by the provisions of section 19 of the World War Veterans' Act, 1924, as amended, as far as the Veterans Administration is concerned. Further, the claimant will be informed that an appeal may be taken from the decision to the Administrator of Veterans' Affairs by giving notice in writing in accordance with § 19.2 of this chapter. The Director, Underwriting Service, will make all original determinations as to whether a person made valid application for insurance as alleged. The determination as to the validity of beneficiary designations, in death cases, will be made by the claims activity having jurisdiction over the insurance death claim.

5. Sections 6.190 and 6.191 are revised to read as follows:

§ 6.190 *Establishment of committees on extra hazards of service.* There are hereby established in the Department of Insurance the necessary committees to make determinations on extra hazards of service (sections 302 and 313, World War Veterans' Act, 1924, and sections 607 and 602 (v) (2), National Service Life Insurance Act, 1940, as amended), which will be in charge of chairmen who shall be responsible for the proper functioning of such committees. Each committee shall be composed of the chairman and such regular members, alternate members, and other personnel as may be found necessary for the purpose of executing the duties and functions assigned thereto.

(Sec. 302, 43 Stat. 625, as amended, sec. 607, 54 Stat. 1012, as amended, sec. 9, 60 Stat. 781, sec. 15, 60 Stat. 789; 38 U. S. C. 512d, 513, 802 (v) (2), 807)

§ 6.191 *Jurisdiction.* The extra hazard committees are vested with exclusive jurisdiction in determining the liability of the United States and the United States Government Life Insurance Fund for payment of total, total permanent disability, and death insurance benefits under United States Government life insurance and to determine the liability of the United States and the National Service Life Insurance Fund for waiver of payment of premiums due to total disability, payment of total disability insurance benefits, and death insurance benefits under National Service life insurance.

(Sec. 302, 43 Stat. 625, as amended, sec. 607, 54 Stat. 1012, as amended, sec. 9, 60 Stat. 781, sec. 15, 60 Stat. 789; 38 U. S. C. 512d, 513, 802 (v) (2), 807)

6. Sections 6.204 and 6.205 are revised to read as follows:

§ 6.204 *Appeal from decision of disability insurance claims activity.* Where the disability insurance claims activity finds that total disability or total permanent disability does not exist as alleged in a claim for disability insurance benefits, such denial shall be final. However, a veteran or his authorized representative shall have the right to file an application for review on appeal to the Administrator of Veterans' Affairs within 1 year from the date of mailing of notice of the decision. Any new and material evidence must be submitted within a period of year or prior to the consideration of the appeal. Such appeal must be in writing and otherwise comply with the regulations governing appeals to the Administrator. An application for review on appeal filed with the activity which entered the denial which is postmarked prior to the expiration of the 1-year period will be accepted as having been filed within the time limit.

§ 6.205 *Ratings for insurance benefits not applicable for disability pension or compensation.* Since decisions of the disability insurance claims activity determining the existence or nonexistence of total or total permanent disability for insurance purposes and decisions of rating agencies determining the existence or nonexistence of total or total permanent disability for pension or compensation purposes are based upon distinctly dissimilar standards, it follows that the former cannot be determinative for pension or compensation purposes and the latter cannot be determinative for insurance purposes.

(Sec. 5, 43 Stat. 608, as amended, sec. 2, 46 Stat. 1016, sec. 7, 46 Stat. 9, sec. 6, 65 Stat. 35; 38 U. S. C. 11a, 426, 707, 855. Interpret or apply secs. 300, 301, 43 Stat. 624, as amended; 38 U. S. C. 511, 512)

7. In Part 7, that portion of § 7.1 preceding the item "1. Date of insured's application:" is amended to read as follows:

§ 7.1 *Form of report by insurer.* In accordance with the provisions of Article IV of the Soldiers' and Sailors' Civil Relief Act Amendments of 1942, a report by the insurer of the receipt and filing of an application for benefits made by the insured will be executed and delivered to the Veterans Administration in form and substance as follows:

Veterans Administration Form 9-381.

REPORT BY INSURER

Soldiers' and Sailors' Civil Relief Act Amendments of 1942.

A report on each policy will be made by the insurer to the Veterans Administration, Insurance Center, Washington, D. C. immediately upon receipt of an application from the insured.

From: _____
Name and address of company: _____

To: Veterans Administration, Insurance Center, Washington, D. C.

The insurer hereby reports the receipt of an application from insured for protection of his policy under the provisions of Article IV of the Soldiers' and Sailors' Civil Relief Act Amendments of 1942.

8. In § 7.26, paragraph (d) is amended to read as follows:

§ 7.26 *Application.* * * *

(d) Upon receipt of a report from the insurer on VA Form 9-381, the Manager, Insurance Center, District of Columbia, will determine if the policy is entitled to the protection of the act, and the insurer and the insured will be notified of the decision.

9. In § 7.29, paragraph (e) is amended to read as follows:

§ 7.29 *Maturity.* * * *

(e) The statement of account will show the amount of indebtedness by reason of the premiums with interest and the credits, if any, then available and will be subject to audit and approval by the Manager, Insurance Center, District of Columbia. The statement of account will include the rate of interest charged on all indebtedness, the dates of debit and credit entries, and such other information as may be deemed necessary in making an audit of the account. If there is a balance due by the United States to the insurer, payment in favor of the insurer will be certified.

10. Section 7.34 is revised to read as follows:

§ 7.34 *Termination.* Article IV of the Soldiers' and Sailors' Civil Relief Act shall remain in effect until such time as that act is repealed or otherwise terminated by subsequent act of the Congress.

(Sec. 407, 54 Stat. 1185, as amended; 50 U. S. C. App. 547)

11. In Part 8, § 8.24 is revised to read as follows:

§ 8.24 *Application and medical evidence.* The applicant for reinstatement of National Service life insurance, during his lifetime and before becoming totally disabled, must submit a written application signed by him and furnish evidence of health as required in § 8.23 at the time of application satisfactory to the Administrator of Veterans' Affairs and upon such forms as the Administrator shall prescribe or otherwise as he shall require. Applicant's own statement of comparative health may be accepted as proof of insurability for the purpose of reinstatement under § 8.23 (a), but, whenever deemed necessary in any such case by the Administrator, report of physical examination may be required. Applications for reinstatement submitted after expiration of the applicable period mentioned in § 8.23 (a) must be accompanied by report of physical examination made in accordance with the provisions of § 8.64: *Provided*, That if the insurance becomes a claim after the tender of the amount necessary to meet reinstatement requirements but before full compliance with the requirements of this section, and the applicant was in a required state of health at the date that he made the tender of the amount necessary to meet reinstatement requirements, and that there is satisfactory reason for his non-compliance, the Director, Underwriting Service, in Central Office; Manager, Insurance Center, D. C.; Assistant Manager

for Insurance, Veterans Administration Center, Denver, Colo.; and Directors of Insurance in the district offices in St. Paul, Minn., and Philadelphia, Pa., may, if the applicant be dead, waive any or all requirements of this section (except payment of the necessary premiums) or, if the applicant be living, allow compliance with this section as of the date the required amount necessary to reinstate was received by the Veterans Administration.

12. Sections 8.65 and 8.66 are revised to read as follows:

§ 8.65 Examination in connection with total disability benefits. Physical examination in connection with claim for total disability benefits may be made by a medical officer of the United States Army, Navy, or Public Health Service, or may be made at Government expense by a full-time or part-time salaried physician at a regional office or hospital of the Veterans Administration. If an insured is unable to travel, because of physical or mental condition, the Manager of a regional office or hospital may, on his own initiative or at the request of the insurance activity concerned, authorize at Government expense examination at the residence of the insured. The Administrator of Veterans' Affairs may require such further medical examination or such additional medical evidence as may be deemed necessary and proper to establish the physical and mental condition of the insured.

§ 8.66 Expenses incident to examinations for insurance purposes. Necessary transportation expenses incident to physical or mental examinations for insurance purposes at regional offices or hospitals shall be furnished when the insured is ordered to report for examination at the specific request of the Director, Underwriting Service, in Central Office; Manager, Insurance Center, D. C.; Assistant Manager for Insurance in the district offices in St. Paul, Minn., and Philadelphia, Pa., or the Manager of a regional office or hospital: *Provided*, Such expenses will be borne by the United States and will be paid from the appropriation, "Administration, Medical, Hospital, and Domiciliary Services, Veterans Administration." Transportation, meal, and lodging requests in connection with reporting to and returning from the place of examination may be furnished the applicant, or the applicant may travel at his own expense and claim reimbursement for such travel on a mileage basis, provided prior authority has been given for the travel. Travel incident to such an examination by salaried employees of the Veterans Administration will be in accordance with the Standardized Government Travel Regulations. If such an examination is made by a medical examiner on a fee basis, payment will be made at a fee not in excess of the schedule of fees in effect and approved by the Veterans Administration for medical and professional services in the State in which the examination is made. Where no approved State fee schedule is in effect or where a fee for the type of examination authorized is not listed in the approved State fee schedule in effect, such examinations will be furnished at a fee not in excess

of that listed in Veterans Administration Catalog No. 5 ("Guide for Charges for Medical Services") in effect at the time the examination is authorized. If the particular examination is not covered by a schedule in effect and/or catalog No. 5, a fee not in excess of what is reasonable and customarily charged in the community concerned may be allowed.

(Sec. 608, 54 Stat. 1012, as amended, sec. 6, 65 Stat. 35; 38 U. S. C. 808, 855. Interpret or apply sec. 602, 54 Stat. 1009, as amended; 38 U. S. C. 802)

This regulation is effective December 14, 1956.

[SEAL] JOHN S. PATTERSON,
Deputy Administrator.

[F. R. Doc. 56-10232; Filed, Dec. 13, 1956; 8:47 a. m.]

TITLE 39—POSTAL SERVICE

Chapter I—Post Office Department

MISCELLANEOUS AMENDMENTS TO CHAPTER

The following amendments are issued to Chapter I, Title 39, Code of Federal Regulations:

Subchapter B—How to Wrap and Mail

PART 13—ADDRESSES

In § 13.5 *Correction of mailing lists* amend paragraph (b) (1) to read as follows:

(b) *Name and address lists*—(1) *Method of submission.* Typewritten or printed lists should be submitted to the post office which serves the addresses, on cards, one name and address to a card. Cards should be approximately the size and quality of a postal card. The owner of the list must place his name in the upper left corner of each card. At third- and fourth-class post offices, mailing lists may be submitted in sheet form. Lists should be submitted by mail only, except in case of local firms presenting large lists for correction.

(R. S. 161, 396, as amended; 5 U. S. C. 22, 369)

Subchapter E—Collection and Delivery

PART 44—CONDITIONS OF DELIVERY

In § 44.8 *Delivery of packages* amend paragraph (d) to read as follows:

(d) *Second-attempt delivery.* If an ordinary parcel can not be delivered on the carrier's first attempt, a notice will be left at the address indicating that the parcel is being held awaiting call at the post office or carrier delivery station. If the parcel is not called for, a second notice is sent after 5 days. If there is no response within 5 days after the second notice and no retention period is specified by the sender, the parcel will then be treated as an undeliverable article. (See Part 48 of this subchapter.) When a retention period is specified, it is observed up to 30 days after first notice. A second attempt to deliver will be made only if requested by the addressee.

(R. S. 161, 396, as amended; 5 U. S. C. 22, 369)

PART 46—RURAL SERVICE

In § 46.5 *Rural boxes* make the following changes:

1. Delete the illustration depicting a single, open mail box.

2. Amend that part of paragraph (a) preceding the listing of manufacturers to read as follows:

§ 46.5 Rural boxes—(a) Specifications.

(1) There are three approved standard sizes of mail boxes for use on rural routes. Size 1 is approximately 19 inches long, 6½ inches wide, and 8½ inches high. Size 1-A is approximately 21 inches long, 8 inches wide and 10½ inches high, with a letter slot in the door. Size 2 is approximately 23½ inches long, 11½ inches wide and 13½ inches high. Specifications and drawings which may be used for guidance in the manufacture of standard rural mail boxes may be obtained by writing to the Assistant Postmaster General, Bureau of Post Office Operations, Rural Service Section, Washington 25, D. C.

(2) Deviations from these specifications will be permitted but must be approved by the Post Office Department. In general, boxes may be constructed in any size between the maximum and minimum outside dimensions given by the departmental drawings provided the height, width, and length proportions and the general shape are maintained. The standards of workmanship and material specifications given in the departmental drawings are the minimum acceptable.

(3) Individuals, firms, or companies proposing to manufacture rural mail boxes for sale must submit a prototype box for examination to the Assistant Postmaster General, Bureau of Post Office Operations, Rural Service Section, Washington 25, D. C. If the sample is approved, the manufacture of the box will be authorized on condition that the manufacturer emboss or stamp in a conspicuous place on each box the words "Approved by the Postmaster General" and, inconspicuously, the name of the manufacturer.

(4) The following list includes the manufacturers of rural mail boxes whose samples have been approved by the Department:

3. In paragraph (b), amend the last sentence to read as follows: "The letters should be of a dark, contrasting color". (R. S. 161, 396, as amended; sec. 1, 39 Stat. 423; 5 U. S. C. 22, 369, 39 U. S. C. 191, 192)

PART 48—UNDELIVERABLE MAIL

In § 48.5 *Retention periods* amend subdivision (ii) of paragraph (a) (1) to read as follows:

(ii) Returned immediately if undeliverable when specifically addressed to a street and number, building, rural or star route, or post office box; except that when a patron moves without leaving a change of address, the mail will be held for 10 days awaiting a forwarding order and if no order is received in that time, the mail will then be handled as undeliverable.

(R. S. 161, 396, as amended; sec. 1, 64 Stat. 210; 5 U. S. C. 22, 396, 39 U. S. C. 278a)

[SEAL] LEO G. KNOLL,
Acting General Counsel.

[F. R. Doc. 56-10221; Filed, Dec. 13, 1956; 8:45 a. m.]

PROPOSED RULE MAKING

SECURITIES AND EXCHANGE COMMISSION

[17 CFR Part 240]

MANIPULATIVE AND DECEPTIVE DEVICES AND CONTRIVANCES

NOTICE OF PROPOSED RULE MAKING

Notice is hereby given that the Securities and Exchange Commission has under consideration a proposal to amend its §§ 240.10b-6, 240.10b-7 and 240.10b-8 (Rules X-10B-6, X-10B-7 and X-10B-8) under the Securities Exchange Act of 1934. Generally speaking, these rules set out prohibited and permissible activities by persons participating in a distribution of securities or effecting stabilizing transactions in connection therewith.

Section 240.10b-6 makes it unlawful for certain designated persons, directly or indirectly, to bid for or purchase, or to attempt to induce any person to purchase, any security which is the subject of a particular distribution, any security of the same class and series, or any right to purchase such security, until after they have completed their participating in the distribution, unless the transaction falls within one of a number of specified exceptions not considered to be manipulative or deceptive. It is proposed to amend paragraph (a) (2) of this section to make it clear that officers, directors and persons controlling the issuer or other person on whose behalf the distribution is being made would also be subject to the prohibitions of the rule.

Section 240.10b-7 prescribes certain prohibited and permissible stabilizing activities to facilitate a distribution. Paragraph (1) of this section provides that a person subject to the rule shall file the reports and notices required to be filed by § 240.17a-2 "even though he is not subject to that rule as a broker, dealer, or member of a national securities exchange." The quoted language was included because at that time § 240.17a-2 was applicable only to brokers, dealers and members. The recent amendment of § 240.17a-2 makes the reporting requirements applicable to all persons effecting stabilizing purchases to facilitate any distribution of the type covered by the rule. The proposed amendment of paragraph (1) of § 240.10b-7 would eliminate the unnecessary language which now causes some confusion.

Section 240.10b-8 regulates the activities, during the rights period, of persons participating in a distribution of securities being offered through rights issued on a pro rata basis to security holders. The proposed amendment of paragraph (a) of this section would make it clear that the rule is applicable only to distributions of securities being offered through transferable rights issued on pro rata basis to security holders.

The proposed action would be taken pursuant to the provisions of the Securities Exchange Act of 1934, particularly

sections 9 (a) (6), 10 (b) and 23 (a) thereof.

Text of amendments:

1. Paragraph (a) of § 240.10b-6 (Rule X-10B-6) would be amended to read as follows:

§ 240.10b-6 *Prohibitions against trading by persons interested in a distribution.* (a) It shall constitute a "manipulative or deceptive device or contrivance" as used in section 10 (b) of the act for any person:

(1) Who is an underwriter or prospective underwriter in a particular distribution of securities, or

(2) Who is the issuer or other person on whose behalf such a distribution is to be or is being made, or who is an officer, director or person controlling such issuer or other person, or

(3) Who is a broker, dealer, or other person who has agreed to participate or is participating in such a distribution, directly or indirectly, by the use of any means or instrumentality of interstate commerce, or of the mails, or of any facility of any national securities exchange, either alone or with one or more other persons, to bid for or purchase for any account in which he has a beneficial interest, any security which is the subject of such distribution, or any security of the same class and series, or any right to purchase any such security, or to attempt to induce any person to purchase any such security or right, until after he has completed his participation in such distribution; *Provided, however,* That this section shall not prohibit (i) transactions in connection with the distribution effected otherwise than on a securities exchange with the issuer or other person or persons on whose behalf such distribution is being made or among underwriters, prospective underwriters or other persons who have agreed to participate or are participating in such distribution; (ii) unsolicited privately negotiated purchases, each involving a substantial amount of such security, effected neither on a securities exchange nor from or through a broker or dealer; or (iii) purchases by an issuer effected more than forty days after the commencement of the distribution for the purpose of satisfying a sinking fund or similar obligation to which it is subject; or (iv) odd-lot transactions (and the off-setting round-lot transactions hereinafter referred to) by a person registered as an odd-lot dealer in such security on a national securities exchange who offsets such odd-lot transactions in such security by round-lot transactions as promptly as possible; or (v) brokerage transactions not involving solicitation of the customer's order; or (vi) offers to sell or the solicitation of offers to buy the securities being distributed (including securities or rights acquired in stabilizing) or securities or rights offered as principal by the persons making such offer to sell or solicitation; or (vii) the exercise of any right or conversion privilege to acquire any security; or (viii) stabilizing transactions not in violation of

§ 240.10b-7; or (ix) bids for or purchases of rights not in violation of § 240.10b-8; or (x) transactions effected on a national securities exchange in accordance with the provisions of a plan filed by such exchange under § 240.10b-2 (d) and declared effective by the Commission; or (xi) purchases or bids by an underwriter, prospective underwriter or dealer otherwise than on a securities exchange, 10 or more business days prior to the proposed commencement of such distribution (or 5 or more business days in the case of unsolicited purchases), if none of such purchases or bids are for the purpose of creating actual, or apparent, active trading in or raising the price of such security. In the case of securities offered pursuant to an effective registration statement under the Securities Act of 1933 the distribution shall not be deemed to commence for purposes of subdivision (xi) of this subparagraph prior to the effective date of the registration statement.

2. Paragraphs (1) of § 240.10b-7 (Rule X-10B-7) would be amended to read as follows:

§ 240.10b-7 *Stabilizing to facilitate a distribution.* * * *

(1) *Reporting requirements.* A person subject to this section shall file with the Commission the reports and notices required to be filed by § 240.17a-2.

3. Paragraph (a) of § 240.10b-8 (Rule X-10B-8) would be amended to read as follows:

§ 240.10b-8. *Distributions through rights—(a) Scope of section.* It shall constitute a "manipulative or deceptive device or contrivance" as used in section 10 (b) of the act for any person participating in a distribution of securities being offered through transferable rights issued on a pro-rata basis to security holders, directly or indirectly, by the use of any means or instrumentality of interstate commerce, or of the mails, or of any facility of any national securities exchange, to do any act prohibited by this rule prior to the expiration of the rights: *Provided, however,* That a person shall not be subject to this rule merely because he receives compensation from the issuer of the rights for obtaining exercises of rights by security holders to whom they were originally issued.

All interested persons are invited to submit their views and comments on the proposed amendments in writing to the Securities and Exchange Commission, Washington 25, D. C. on or before January 31, 1957. Unless the person submitting any such comments or suggestions requests in writing that they be held confidential, they will be public records available for inspection.

By the Commission.

[SEAL]

ORVAL L. DUBOIS,
Secretary.

DECEMBER 6, 1956.

[F. R. Doc. 56-10223; Filed, Dec. 13, 1956; 8:45 a. m.]

NOTICES

DEPARTMENT OF THE TREASURY

Fiscal Service, Bureau of Accounts

[Dept. Circ. 570, Rev. Apr. 20, 1943, 1956, Supp. 155]

SAINT PAUL-MERCURY INDEMNITY CO.

TERMINATION OF AUTHORITY TO QUALIFY AS SURETY ON FEDERAL BONDS

DECEMBER 11, 1956.

Pursuant to an Agreement of Merger, effective as of the close of business December 31, 1956, approved by the Commissioner of Insurance of the State of Minnesota and the Insurance Commissioner of the State of Delaware, Saint Paul-Mercury Indemnity Company, a Delaware corporation, will be merged into St. Paul Fire and Marine Insurance Company, a Minnesota corporation.

Under the merger agreement St. Paul Fire and Marine Insurance Company, upon the agreement becoming effective, shall possess all property, real, personal and mixed, of each of the constituent corporations and all debts due on whatever account to any of them shall be deemed to be assigned, transferred to and vested in St. Paul Fire and Marine Insurance Company as surviving corporation without further act or deed; and shall be responsible for all the liabilities and obligations of Saint Paul-Mercury Indemnity Company: *Provided, however,* That the rights of the creditors of the constituent corporations or of any person dealing with such corporations shall not be impaired by such merger, and any claim existing or action or proceeding pending by or against any of the constituent corporations may be prosecuted to judgment as if the merger had not taken place or the surviving corporation may be proceeded against or substituted in its place.

As a result of the merger, the certificate of authority issued to Saint Paul-Mercury Indemnity Company, St. Paul, Minnesota, under the Act of Congress approved July 30, 1947, 6 U. S. C. 6-13, as an acceptable surety on federal bonds will terminate effective close of business December 31, 1956. The merger of the companies will not affect the underwriting limitation established on May 1, 1956, in the amount of \$9,821,000, for the surviving corporation, St. Paul Fire and Marine Insurance Company.

In carrying out the merger agreement, arrangements have been made by the constituent corporations and St. Paul Mercury Insurance Company, formerly named Mercury Insurance Company, a Minnesota corporation holding a certificate of authority from the Secretary of the Treasury, so that in the case of a bond, undertaking or other form of obligation in which the United States has or may have an interest, direct or indirect, entered into or assumed by Saint Paul-Mercury Indemnity Company on or before December 31, 1956, bond-approving officers of the United States may approve a renewal, continuance, extension, change, or modification thereof executed

either by St. Paul Mercury Insurance Company or by St. Paul Fire and Marine Insurance Company, and St. Paul Fire and Marine Insurance Company will be liable thereon.

In addition, the Treasury has obtained from St. Paul Fire and Marine Insurance Company a separate indemnifying agreement dated November 20, 1956, whereby St. Paul Fire and Marine Insurance Company has assumed the liability for any losses and claims that have arisen or may arise under or in connection with any bond, undertaking or other form of obligation entered into or assumed by Saint Paul-Mercury Indemnity Company on or before December 31, 1956, in which the United States has or may have an interest, direct or indirect, or under or in connection with any assumption of liability thereunder or any renewal, continuance, extension, change or modification thereof executed by either St. Paul Fire and Marine Insurance Company or St. Paul Mercury Insurance Company. A copy of this agreement will be furnished to bond-approving officers of the United States and upon request to others who may be interested.

[SEAL] W. RANDOLPH BURGESS,
Acting Secretary of the Treasury.

[F. R. Doc. 56-10231; Filed, Dec. 13, 1956; 8:47 a. m.]

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

ATHENS COMMISSION CO. ET AL.

POSTING OF STOCKYARDS

The Secretary of Agriculture has information that the livestock markets named below are stockyards as defined in section 302 of the Packers and Stockyards Act, 1921, as amended (7 U. S. C. 202), and should be made subject to the provisions of the act.

Athens Commission Company, Athens, Texas.
Buffalo Livestock Commission Company, Buffalo, Texas.
Carthage Auction Sales, Carthage, Texas.
Center Auction Co., Center, Texas.
Clarksville Auction Company, Clarksville, Texas.
Patton Auction Barn, Nacogdoches, Texas.
Rose City Livestock Auction, Tyler, Texas.
Tyler Livestock Commission Company, Tyler, Texas.

Notice is hereby given, therefore, that the Secretary of Agriculture proposes to issue a rule designating the stockyards named above as posted stockyards subject to the provisions of the Packers and Stockyards Act, 1921, as amended (7 U. S. C. 181 et seq.), as is provided in section 302 of that act.

Any person who wishes to submit written data, views, or arguments concerning the proposed rule may do so by filing them with the Director, Livestock Division, Agricultural Marketing Service, United States Department of Agriculture, Washington 25, D. C., within 15 days

after publication hereof in the FEDERAL REGISTER.

Done at Washington, D. C. this 10th day of December 1956.

[SEAL] H. E. REED,
*Director, Livestock Division,
Agricultural Marketing Service.*

[F. R. Doc. 56-10226; Filed, Dec. 13, 1956; 8:46 a. m.]

Commodity Stabilization Service

1957 CROP SUGAR BEET WAGES AND PRICES AND DESIGNATION OF PRESIDING OFFICERS

NOTICE OF HEARINGS

Pursuant to the authority contained in subsections (c) (1) and (c) (2) of section 301 of the Sugar Act of 1948, as amended (61 Stat. 929; 7 U. S. C. Sup. 1131), and in accordance with the rules of practice and procedure applicable to wage and price proceedings (7 CFR 802.1 et seq.), notice is hereby given that public hearings will be held as follows:

At Detroit, Michigan, January 2, 1957, in Room 859, Federal Building, at 10:00 a. m.;
At Fargo, North Dakota, January 4, 1957, in the Student Lounge, Library Building, North Dakota Agricultural College, at 10:00 a. m.;
At Billings, Montana, January 7, 1957, in the Assembly Room, Roosevelt School, 23d Street and Fourth Avenue, North, at 10:00 a. m.;
At Salt Lake City, Utah, January 9, 1957, in Room 230, Federal Building, at 10:00 a. m.;
At Greeley, Colorado, January 11, 1957, at the Camfield Hotel, at 10:00 a. m.

The purpose of these hearings is to receive evidence likely to be of assistance to the Secretary of Agriculture in determining (1), pursuant to the provisions of section 301 (c) (1) of the act, fair and reasonable wage rates for persons employed in the production, cultivation, or harvesting of sugar beets in regions other than the State of California, southwestern Arizona, southern Oregon and western Nevada, for the 1957 crop on farms with respect to which applications for payments under the act are made, and (2), pursuant to the provisions of section 301 (c) (2) of the act, fair and reasonable prices for the 1957 crop of sugar beets in regions other than those noted above to be paid under either purchase or toll agreements by producers who process sugar beets grown by other producers and who apply for payments under the act.

In order to obtain the best possible information, the Department requests that all interested parties appear at the hearing to express their views and to present appropriate data with respect to all points relative to the subject matters of the hearings.

The hearings, after being called to order at the times and places mentioned herein, may be continued from day to day within the discretion of the presiding officers and may be adjourned to a later day or to a different place with-

out notice other than the announcement thereof at the hearings by the presiding officers.

Thomas H. Allen and Ward S. Stevenson are hereby designated as presiding officers to conduct either jointly or severally the foregoing hearings.

Issued this 11th day of December 1956.

[SEAL]

LAWRENCE MYERS,
Director, Sugar Division.

[F. R. Doc. 56-10227; Filed, Dec. 13, 1956;
8:46 a. m.]

UNITED STATES TARIFF COMMISSION

[Investigation 56]

CERTAIN JUTE FABRICS

NOTICE OF PUBLIC HEARING

The United States Tariff Commission announces a public hearing, to begin at 10 a. m., e. s. t. on March 19, 1957, in the Hearing Room of the Tariff Commission, Eighth and E Streets NW., Washington, D. C., in connection with Investigation No. 56 under section 7 of the Trade Agreements Extension Act of 1951, as amended, instituted November 8, 1956, with respect to certain jute fabrics provided for in paragraph 1008 of the Tariff Act of 1930 and described in the public notice of this investigation which was issued November 9, 1956 (21 F. R. 8897).

Request to appear at hearings. Parties interested will be given opportunity to be present, to produce evidence, and to be heard at the above-mentioned hearing. Such parties desiring to appear at the hearing should notify the Secretary of the Commission, in writing, at least three days in advance of the date of hearing.

Issued: December 11, 1956.

By order of the Commission.

DONN N. BENT,
Secretary.

[F. R. Doc. 56-10234; Filed, Dec. 13, 1956;
8:47 a. m.]

SECURITIES AND EXCHANGE COMMISSION

[File No. 1-1329]

EASTERN STAINLESS STEEL CORP.

NOTICE OF APPLICATION TO WITHDRAW FROM LISTING AND REGISTRATION, AND OF OPPORTUNITY FOR HEARING

DECEMBER 10, 1956.

In the matter of Eastern Stainless Steel Corporation, Common Stock, File No. 1-1329.

The above named issuer, pursuant to section 12 (d) of the Securities Exchange Act of 1934 and Rule X-12D2-1 (b) promulgated thereunder, has made application to withdraw the specified security from listing and registration on the Philadelphia-Baltimore Stock Exchange.

The reasons alleged in the application for withdrawing this security from listing and registration include the following:

This application to delist the common stock of the above-named corporation from the Philadelphia-Baltimore Stock Exchange is made because of the inac-

tivity of that stock on the aforesaid Exchange, there having been no trading therein for more than five years prior to the date hereof. The common stock is now and will continue to be listed on the New York Stock Exchange.

Upon receipt of a request, on or before December 28, 1956, from any interested person for a hearing in regard to terms to be imposed upon the delisting of this security, the Commission will determine whether to set the matter down for hearing. Such request should state briefly the nature of the interest of the person requesting the hearing and the position he proposes to take at the hearing with respect to imposition of terms. In addition, any interested person may submit his views or any additional facts bearing on this application by means of a letter addressed to the Secretary of the Securities and Exchange Commission, Washington 25, D. C. If no one requests a hearing on this matter, this application will be determined by order of the Commission on the basis of the facts stated in the application and other information contained in the official file of the Commission pertaining to the matter.

By the Commission.

[SEAL]

ORVAL L. DUBOIS,
Secretary.

[F. R. Doc. 56-10224; Filed, Dec. 13, 1956;
8:45 a. m.]

DEPARTMENT OF COMMERCE

Federal Maritime Board

[Docket No. M-74]

LYKES BROS. STEAMSHIP CO., INC., AND STATES MARINE CORP.

NOTICE OF HEARING ON APPLICATIONS TO BAREBOAT CHARTER DRY-CARGO VESSELS

Notice is hereby given that a public hearing will be held pursuant to section 5 (e) of the Merchant Ship Sales Act, 1946, as amended (Public Law 591, 81st Cong.) (50 U.S.C. App. 1738), on December 19, 1956, at 9:30 a. m., in Room 4519 New General Accounting Office Building, Fifth and G Streets NW., Washington, D. C., upon the application of Lykes Bros. Steamship Co., Inc., to bareboat charter five (5) Victory type dry-cargo vessels for operation on Trade Routes 21, 13 and 15B for a period of one year and the application of States Marine Corporation to bareboat charter twelve (12) Victory type dry-cargo vessels for operation in its berth services Gulf Havre/Hamburg, Gulf Mediterranean Range and Gulf Far East in its Tricontinent Service.

The purpose of the hearing is to receive evidence with respect to whether the services for which such vessels are proposed to be chartered are required in the public interest and are not adequately served, and with respect to the availability of privately owned American flag vessels for charter on reasonable conditions and at reasonable rates for use in such services. Evidence will be received with respect to any restrictions or conditions that may be necessary or appropriate to protect the public interest in respect of such charters as may be

granted and to protect privately owned vessels against competition from vessels chartered as a result of this proceeding.

All persons having an interest in the applications will be given an opportunity to be heard if present and applications from qualified applicants to charter additional vessels for use in offshore berth service which are received by the close of business on December 18, 1956 will be considered in the proceedings.

An Examiner from the Hearing Examiners' Office will preside at the hearing, and oral argument may be had at the conclusion of receipt of evidence in lieu of briefs. An initial decision will be issued. The time for filing exceptions thereto is hereby restricted to seven (7) days, and no replies to exceptions will be received.

Dated: December 13, 1956.

By order of the Federal Maritime Board.

[SEAL]

JAMES L. PIMPER,
Secretary.

[F. R. Doc. 56-10273; Filed, Dec. 13, 1956;
10:44 a. m.]

Office of the Secretary

JULIEN R. STEELMAN

REPORT OF APPOINTMENT AND STATEMENT OF FINANCIAL INTERESTS

Report of appointment and statement of financial interests required by section 710 (b) (6) of the Defense Production Act of 1950, as amended.

Report of Appointment

1. Name of appointee: Mr. Julien R. Steelman.
2. Employing agency: Department of Commerce, Business and Defense Services Administration.
3. Date of appointment: November 14, 1956.
4. Title of position: Consultant.
5. Name of private employer: Koehring Company, 3026 W. Concordia Avenue, Milwaukee, Wisconsin.

CARLTON HAYWARD,
Director of Personnel.

NOVEMBER 2, 1956.

Statement of Financial Interests

6. Names of any corporations of which the appointee is an officer or director or within 60 days preceding appointment has been an officer or director, or in which the appointee owns or within 60 days preceding appointment has owned any stocks, bonds, or other financial interests; any partnerships in which the appointee is, or within 60 days preceding appointment was, a partner; and any other businesses in which the appointee owns, or within 60 days preceding appointment has owned, any similar interest.

Officer of Koehring Co.
Common stock Koehring Co.
Bank deposits.

JULIEN R. STEELMAN.

DECEMBER 5, 1956.

[F. R. Doc. 56-10228; Filed, Dec. 13, 1956;
8:46 a. m.]

INTERSTATE COMMERCE COMMISSION

FOURTH-SECTION APPLICATIONS FOR RELIEF

DECEMBER 11, 1956.

Protests to the granting of an application must be prepared in accordance with Rule 40 of the general rules of practice (49 CFR 1.40) and filed within 15 days from the date of publication of this notice in the FEDERAL REGISTER.

LONG-AND-SHORT HAUL

FSA No. 33031: *Coal cinders from Strawn, Tex., to Baton Rouge and New Orleans, La.* Filed by F. C. Kratzmeir, Agent, for interested rail carriers. Rates on cinders, coal, carload from Strawn, Tex., to Baton Rouge and New Orleans, La.

Grounds for relief: Market competition and circuitry.

Tariff: Supplement 88 to Agent Kratzmeir's tariff I. C. C. 4135.

FSA No. 33032: *Grain from western points to Arkansas.* Filed by F. C. Kratzmeir, Agent, for interested rail carriers. Rates on grain, grain products and related articles, also seeds, carload from origins in Colorado, Iowa, Kansas, Missouri and Nebraska to points in Arkansas.

Grounds for relief: Rail competition and circuitry.

Tariff: Supplement 85 to Agent Kratzmeir's tariff I. C. C. 3939.

FSA No. 33033: *Tin plate from Ohio, Pennsylvania, and West Virginia points to Tampa Fla.* Filed by O. E. Schultz, Agent, for interested rail carriers. Rates on tin or terne plate, plain, lacquered, or painted, carload from Yorkville, Ohio, Aliquippa, Pa., and Weirton, W. Va., to Tampa, Fla.

Grounds for relief: Circuitous routes.

Tariff: Supplement 12 to Agent C. W. Boin's tariff I. C. C. A-1081.

FSA No. 33034: *Sulphuric acid from Wichita, Kans., to Springfield, Mo.* Filed by W. J. Prueter, Agent, for interested rail carriers. Rates on sul-

phuric acid, tank-carload from Wichita, Kans., to Springfield, Mo.

Grounds for relief: Circuitous route. Tariff: Supplement 181 to Agent Prueter's tariff I. C. C. A-3748.

FSA No. 33035: *Substituted service, rail for motor, P. R. R. and N. Y., N. H. & H. R. R.* Filed by The Eastern Central Motor Carriers Association, Agent, for interested rail and motor carriers. Rates on freight loaded in highway truck-trailers and transported on railroad flat cars between Boston, Mass., on the one hand, and Cleveland, Ohio, East St. Louis, Ill., or Indianapolis, Ind., on the other.

Grounds for relief: Motor-truck competition.

Tariff: The Eastern Central Motor Carriers Association, Inc., tariff MF-I. C. C. A-133.

By the Commission.

[SEAL]

HAROLD D. MCCOY,
Secretary.

[F. R. Doc. 56-10229; Filed, Dec. 13, 1956; 8:46 a. m.]



